Caribbean Dancesport Classic

Professional Form



November 5th – 10th, 2024

Return to: 42 8th St Unit 3514 Charlestown, MA 02129

Email:

info@caribbeandancesport.com

Studio Name:						
Address:						
City:	City: State:			Zip Code:		
Email:			Phone:			
Credit Card Number:				<u>.</u>		
Expiration:				Sec Code:		
Card Holder Signature	e X			·		
		d understand the rules and				
All major credit cards accepted at no additional fee (Before October 11th)						
Leader		Pro	Foll	ower	Pro	
Name:			Name:			
Email:			Email:			
Cell Number:			Cell Number:			
NDCA #:			NDCA #:			
Social Security #:			Soci	al Security #:		
		PROFESSIO	NAL EVE	NTS		
	Profession	nal Entry Fee Waived if I	3OTH Comp	etitors are on a Pack	age	
World Professional Salsa				Open []		
Professional Latin				Open []	Rising Star []	
Professional Smooth				Open []	Rising Star []	
Professional Rhythm			Open []	Rising Star []		
Professional Ballroom				Open []	Rising Star []	
Professional Cabaret				Open []		

ENTRY FEES: