Application form

The International Contest RDGP  **4-5 April 2020**

**Riga, Latvia**

1. The full name of the collective/soloist
2. The head of the collective/soloist (surname,name,telephone nr.,е –

mail)

1. The information of the collective/soloist (address,telephone nr.,e-mail)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Nominations (amateur or professional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Nomination (classical, contemporary or folk dance) | Dance name | Age of participant/participants | Choreographer |
|  |  |  |  |

1. Which awards and places in competitions did the collective/soloist win:

Full registration of group participants

|  |  |  |
| --- | --- | --- |
| Name | Surname | Date of birth |
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With this signature I confirm that participant /participants is/are in possession of the Certificate of robust health, of the insurance policy and I agree with all the articles of the Regulation.

The signature of the participant/legal guardian/teacher :