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<b>Competition entered</b> (Please sign with X)	IDSF Grand Slam Latin			
	IDSF Youth Open Latin			
	IDSF Youth Open Standard			
<b>Name</b>	<b>Gents, first name</b>	<b>Gents, surname</b>	<b>Ladies, first name</b>	<b>Ladies, surname</b>
<b>Nationality</b>				
<b>Date of birth</b> (yyyy-mm-dd)				
<b>CONTACT</b>				
Phone				
Email				
<b>ADDRESS</b>				
Country				
City				
Zip-Code				
Street				
No.				
<b>Club</b>				
<b>IDSF Member Federation</b>				
<b>Invitation for Visa Application required</b>	yes	no	yes	no
<b>PASSPORT DATA</b>				
Passport number				
Date of issue (yyyy-mm-dd)				
Place of issue				
<b>SIGNATURE</b>				

**Please return to:**

**E-mail: [info@savariadancefestival.com](mailto:info@savariadancefestival.com)**

**Fax: 00 36/94-514-397**