

Please fill out this form in Adobe Reader® on your PC or Mac before you print and sign.

All contestants must Pre-Register, purchase a full Event Pass and have Payment received by the registrar by **February 24st 2025**.

Important: A Contestant may enter any Division for which they qualify during the Dance Season. Every Contestant must complete a separate Registration Form. **UCWDC Associate Membership must be current in order to compete at The Tulip Challenge!**

Female: Male:

Competitor - First Name: _____ Last Name: _____ UCWDC No.: _____

Classic Line Dance Competition

Newcomer: <input type="checkbox"/> Pulse <input type="checkbox"/> Smooth* <input type="checkbox"/> Cuban* <input type="checkbox"/> Street/Stage <small>*: For Newcomer & Novice: Check UCWDC Homepage, which Motions will offered.</small>	Novice: <input type="checkbox"/> Rise & Fall <input type="checkbox"/> Pulse* <input type="checkbox"/> Smooth* <input type="checkbox"/> Cuban* <input type="checkbox"/> Street/Stage	Intermediate: <input type="checkbox"/> Rise & Fall <input type="checkbox"/> Pulse <input type="checkbox"/> Smooth <input type="checkbox"/> Cuban <input type="checkbox"/> Street/Stage	Advanced: <input type="checkbox"/> Rise & Fall <input type="checkbox"/> Pulse <input type="checkbox"/> Smooth <input type="checkbox"/> Cuban <input type="checkbox"/> Street <input type="checkbox"/> Stage	Age: <input type="checkbox"/> Primary (-9) <input type="checkbox"/> Youth (10-13) <input type="checkbox"/> Teen (14-17) <input type="checkbox"/> Open (18+)	<input type="checkbox"/> Crystal (30+) <input type="checkbox"/> Diamond (40+) <input type="checkbox"/> Silver (50+) <input type="checkbox"/> Gold (60+) <input type="checkbox"/> Platinum (70+)
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Showcase Line Dance Competition

Check Dances: <input type="checkbox"/> Rise & Fall <input type="checkbox"/> Pulse	<input type="checkbox"/> Smooth <input type="checkbox"/> Cuban	<input type="checkbox"/> Street <input type="checkbox"/> Stage	Age: <input type="checkbox"/> Youth (10-13) <input type="checkbox"/> Teen (14-17)	<input type="checkbox"/> Open (18+) <input type="checkbox"/> Crystal (30+)	<input type="checkbox"/> Diamond (40+) <input type="checkbox"/> Silver (50+)
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Star Line Dance Competition

Division: <input type="checkbox"/> RisingStars <input type="checkbox"/> SuperStars <input type="checkbox"/> SuperStars Plus	<input type="checkbox"/> Crown <input type="checkbox"/> Crown Plus	Check Dances: <input type="checkbox"/> Dance A <input type="checkbox"/> Dance B <input type="checkbox"/> Medley
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Choreography Competition

Send your Step Descriptions with your Competitor Registration Form!

	Country		Non-Country		ABC:	Choreography Name:
	New/Nov:	Int/Adv:	New/Nov:	Int/Adv:		
1.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

If you are competing with more than 5 choreographies use the "Note" field at the bottom of this registration form.

Team Competition

Send your Music Description: Time, Song, Artist!

Team Name: _____	Team Division (3 and more): Line Dance <input type="checkbox"/> Country <input type="checkbox"/> Open	Partner Dance <input type="checkbox"/> Country <input type="checkbox"/> Open <input type="checkbox"/> Combo <input type="checkbox"/> Cabaret <input type="checkbox"/> International	Age: <input type="checkbox"/> Junior (-17)
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Other

<input type="checkbox"/> Showtime

Note in Acrobat Reader®: the font size adapts to the length of the text