**Registration for Danish Wheelchair Dance Cup 2023**

*Please use a form per couple*

|  |  |  |
| --- | --- | --- |
|  | **Wheelchair dancer** | **Able bodied/wheelchair dancer** |
| Name |  |  |
| Addrese |  |  |
| Phone |  |  |
| Email |  |  |
| Country |  |  |

*If you need any aids, please tick the box*

|  |  |
| --- | --- |
| Shower chair |  |
| Bathing bed |  |
| Toilet chair |  |
| Rail |  |
| Hoist |  |

 *Anything else, for example allergies*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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|  |  |
| --- | --- |
| Extra night Thursday |  |
| Transportation |  |
| Arrival Date: |  |
| Arrival flight Number |  |
| Arrival time |  |
|  |  |
| Departure Date: |  |
| Departure flight Number: |  |
| Departure Time: |  |
| **If you come by train:** |  |
| Pick up time from Korsør: |  |
| Home at clock:  |  |

Date\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Competitors signature

**Send Your Registration to wheelchairdance17@gmail.com**