



Registration to Stockholm Belly Dance Rewards 30.5 2025

FULL NAME _____ FAMOUS NAME: _____

COUNTRY: _____ CITY: _____

BIRTHDAY : _____ EMAIL: _____

DANCED ORIENTAL DANCE FOR AMOUNT OF YEARS: _____

I WISH TO TAKE PART IN CATEGORIE

NON PRO SOLO RAQS SHARQI

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GROUP SHOW

GROUP FOLKLORE

AMOUNT OF DANCERS: _____

NAMES OF GROUP MEMBERS ATTENDING

1	2	3
4	5	6
7	8	9
10	11	12

I hereby confirm that all information is correct.

DATE & CITY

SIGNATURE

