*THE WARSAW CHALLENGE 2016 – The Open Warsaw Breakdance Championship*

**APPLICATION FORM**

1. Name of the crew

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1. Full names of crew members, PESEL [national identification number] and registered residence address

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | Full name | PESEL | Registered residence address |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |

1. Details of Crew representative

Full name .....................................................................

Phone number .....................................................................

Email .....................................................................

Registered residence address

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1. We agree to participate in the qualifying round and the championship at our own responsibility and to waive any claims against the Organiser for any injuries or other bodily harm sustained during the qualifying round or the championship, in particular resulting from dance acrobatics.
2. We confirm that we have read and understood the Rules and Regulations of THE WARSAW CHALLENGE 2016 – The Open Warsaw Breakdance Championship (including any appendices thereto), and undertake to follow them.

Date .....................................................

Signatures of crew members

1. .....................................................
2. .....................................................
3. .....................................................
4. .....................................................
5. .....................................................
6. .....................................................

