DFI Competition and Championship Application Part 2

Name of Organiser:
……

Contact Details:
……..

Event name:
……..

Event Date:
……

Event Venue:
……

Adjudicators and Qualifications.

1……..

2……..

3……..

4……..

5……..

Scrutineer:
Name(s)……..

Name of the Competition Manager:
Name(s)……..

Name of the Invigilator:
Name(s)……..

Insurance Details

Name of insurance provider……..

Floor size

……

Qualified First Aid

Name of person or Association: ……

Floor Leaders

1……

2……

3……

DANCE SPORT FEDERATION OF IRELAND