

ENTRY FORM

PLEASE PRINT AND fill OUT THIS PAGE IN CAPITAL LETTERS AND RETURN VIA
FAX TO + 43 512 586103 80 OR VIA MAIL TO TANZSCHULE@polai.AT



information about the couple

MEMBER ORGANISATION COUNTRY	
NAME of MAN	
NAME of lady	
WD&DSC - LICENSE NUMBERS	
Address	
Zip code	
TOWN	
COUNTRY	
TELEPHONE	
fax	
E-mail	

information about Trip and Accommodation

ARRIVING by CAR, TRAIN, PLANE,	
ARRIVAL DATE AND TIME	
DEPARTURE DATE AND TIME	
flight NUMBER AND AIRPORT	
ACCOMODATION SHOULD BE ARRANGED BY THE ORGANISER	single <input type="checkbox"/> double <input type="checkbox"/>

DATE: _____

SIGNATURE: _____