Registration Form – Bellydance Dream Hafla April 2027

This form can be completed in Danish, English or German language. Please see note at bottom of page.

Name of dancer or group (as it will appear in the printed program)	
Music title	
Music duration (minutes & seconds)	
Dance style (baladi, tribal etc.)	
Choreographer	
Experience of dancer/group	
Accessories (veil, cymbals, stick etc.)	
Your City and phone number	
Your e-mail address	

Information regarding group members

First name	Last name

Please note:

If you request further information contact via mail or telephone 0045 20 99 67 07.

Mail form to: mavedans@hotmail.com