



# UCWDC® DISPENSATION REQUEST FORM INFORMATION AND INSTRUCTIONS

## **Dispensation Information**

Competitors may ask for two types of dispensations:

- Country Dance World Championship® Eligibility
- Competition Dance Level Change

In the event a competitor is not able to attend/compete at an event for which they registered for, due to extenuating circumstances, and the competitor would have required that event to be eligible to compete at the Country Dance World Championship, the competitor may then request a dispensation.

The following are acceptable reasons for Country Dance World Championship eligibility dispensations:

- Medical
- Extenuating Circumstances (must explain reason)

If a competitor feels that they are in the incorrect dance level and would like to change their level, they may request a dispensation and state why they feel they are in the wrong division.

## **To request a dispensation:**

*Country Dance World Championship Eligibility dispensation:*

The following documentation is required.

1. Completed UCWDC Dispensation Request Form
  - a. List all division(s) requested for dispensation.
  - b. Please indicate if registered for Overall for each division(s) listed.
2. Proof of registration from event competitor was registered to attend.
3. For medical dispensation: please provide any letter(s) from medical professional.
4. For Extenuating Circumstances: please explain the reason and provide documentation (if any) to support reason.

*Competition Dance Level Change*

The following documentation is required.

1. Completed UCWDC Dispensation Request Form
2. Provide copies of the competitor's scores and/or video from events (if any).

Please explain the reason and provide additional documentation (if any) to support reason.

**The competitor must complete the Dispensation Request Form and submit completed form along with any supporting documentation to the Vice President of Rules at [rules@ucwdc.org](mailto:rules@ucwdc.org)**



# UCWDC® DISPENSATION REQUEST FORM

(ONE FORM PER EVENT)

- PLEASE REFER TO THE INFORMATION & INSTRUCTION PAGE FOR MORE DETAILS -

Full Name: \_\_\_\_\_

UCWDC Associate membership#: \_\_\_\_\_

Date of the request (MM/DD/YY): \_\_\_\_\_

List of Division(s) for which you are requesting a dispensation.

*(Please check the OverAll box if you were registered for OverAll.)*

_____	<input type="checkbox"/> OverAll
_____	<input type="checkbox"/> OverAll
_____	<input type="checkbox"/> OverAll
_____	<input type="checkbox"/> OverAll
_____	<input type="checkbox"/> OverAll

### NATURE OF THE DISPENSATION

Dispensation for a single event

Medical reason

Extenuating Circumstances

Name of the event: \_\_\_\_\_

Request for a level change within a Dance Type

From the level: \_\_\_\_\_

To the level: \_\_\_\_\_

### REASON FOR THE DISPENSATION

*(Please attach supporting documentation: see Dispensation Request Information & Instruction page)*

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