



# UCWDC® DISPENSATION REQUEST

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

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

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

Nature:

- Dispensation for a single event
  - Medical reason
  - Loss of Job
  - Extenuating Circumstances

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

- Request for a level change within a dance type

From the division: \_\_\_\_\_

To the division: \_\_\_\_\_

Supporting Contest Coordinator: \_\_\_\_\_

Reason for the dispensation:

*Please attach supporting documentation: original registration of the event and proof of payment, medical documentation, etc.*

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Please send back this form to the  
 UCWDC® Vice President of Rules, Contest Procedures and Scoring Format at [rules@ucwdc.org](mailto:rules@ucwdc.org)