

Registration Form

Class day/Time:

Month/day/year

Dancer's Name:

Dancer's Birthdate:

Phone Number:

Parent Name(s):

Mailing Address:

Email Address (optional):

Permission to add class picture to website: YES NO

Any Important Info (allergies, etc):

Health Card #

Family Doctor:

Payment: FULL

PAYMENTS: *Sept Nov Jan Mar*

COSTUME:

"I have read the list of rules and dance etiquette and agree to follow them"

Parent Signature:

Dancer Signature:

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