TaTuHa Hula, Fire & Cultural Dancers

Registration Form

Name of Dancer: _____
First Middle Last

Date of Birth: _____ Age: _____

Physical Address: _____

Mailing Address: _____

Vaccinated: Yes No

Parent/Legal Guardian Name (If dancer is under 18 years of age):

_____
First Middle Last

Please provide 2 contact Numbers

_____ _____
Mobile Alternative

In case of emergency, who may we contact:

Name: _____ Contact: _____

Signature: _____ Date: _____

P.O. Box 10513, Tamuning, Guam 96913
Tel: (671)797-7723