

Registration Form

Name of Dancer:			
	First	Middle	Last
Date of Birth:		Age:	-
Physical Address:			
Mailing Address:			
Vaccinated: Yes	No		
vaccinated. 105	110		
Parent/Legal Guardian Name (If dancer is under 18 years of age):			
First	Middle	I	_ast
Please provide 2 con	tact Numbers		
Mobile		Alternative	
In case of emergency	y, who may we contact:		
Name:		Contact:	
Signature:		Date:	