

**EVENT REGISTRATION
at Coffey Dance Center**

Name of event: _____

Student Name: _____ Age: _____

Name of Dance Class (if applicable) _____

Parent's Name: _____ Phone #: _____

Email Address: _____

**** ALLERGIES:**

Emergency Contact Information:

Name: _____ Relationship: _____

Email: _____ Cell-Phone#: _____

SPECIAL NOTES about your child:

***Please bring this to the front desk or email to us in advance of the event if possible
so we have an idea of how many students to prepare for.*