REGISTRATION FORM

ELITE
DANCE STUDIOS
California

Account Holder: *Relationship to dancer:* _____

Last Name: _____ First Name: _____

Address: _____ Date of Birth: _____

City: _____ Zip: _____

Home Phone: _____Cell: _____Work: _____

Email Address: _____

Alternative Email Address: _____

DANCER Information

Last Name: _____ First Name: _____

Address: _____ Date of Birth: _____

City: _____ Zip: _____

Does DANCER Have ANY Medical Conditions: Yes   No

Please explain: _____

_____

Emergency Contact Information - OTHER THAN ACCOUNT HOLDER

Name: _____ Relationship: _____

PRIMARY CONTACT #: _____

Please tell us how you heard about ELITE Dance Studios: Referred by _____

Phone Book   Drive By   Internet   Performance   Advertisement

Other _____