



## Registration Form

PERSONAL INFORMATION			
Dancer's Name		Birth Date	
Address		Health Card #	
Phone Number		Medical Information	
Email Address		Emergency Contact	

PROGRAM INFORMATION			
Class		Time	
Class		Time	
Class		Time	
Class		Time	
Class		Time	
Class		Time	
Class		Time	
Class		Time	
Class		Time	
Class		Time	
Class		Time	
Class		Time	
Class		Time	

OFFICE USE			
Entered in Compudance		Registration Fee Received	
Entered in Excel		Post-dated Cheques Received	

