

**Registration Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_

Tel. # \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

How did you hear about DASSdance:

\_\_\_\_\_

- ◇ Drop in
- ◇ 10 class card