



2020 Summer Registration Form

Dancer's Name: _____

Guardian's Name: _____

Address: _____

Town, State & Zip _____

Home Phone: _____

Guardian's Cell: _____

Dancer's Cell (if applicable): _____

Emergency Contact (**other than Guardian**): _____

Relationship to Dancer: _____ Phone #: _____

PLEASE PRINT LEGIBLY

Parents Email: _____

Dancers Email (if applicable): _____

Dancer's Age as of 7/1/20: _____

PLEASE LIST ANY ALLERGIES: _____

If new to Elite, how did you hear about our school?

Newspaper Phone Book Web Site Word of Mouth Performance Other _____

Registration:

SUMMER PROGRAM 1: _____

SUMMER PROGRAM 2: _____

SUMMER PROGRAM 3: _____

SUMMER PROGRAM 4: _____