



# CINDY'S DANCE FACTORY

REGISTRATION FORM 20\_\_-20\_\_

TODAY'S DATE \_\_\_\_\_

DANCER'S NAME \_\_\_\_\_ PARENTS \_\_\_\_\_

ADDRESS \_\_\_\_\_

COLORADO SPRINGS 809\_\_ OR \_\_MONUMENT 80132 OR OTHER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CELL # \_\_\_\_\_ OTHER # \_\_\_\_\_

DANCER'S BIRTHDAY \_\_\_\_\_ YEARS OF DANCE EXPERIENCE \_\_\_\_\_

CLASS

NAME 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

CLASS

DAY/TIME \_\_\_\_\_

HOW DID YOU HEAR ABOUT US?

INTERNET  PHONE BOOK  REFERRAL  PARADE  FACEBOOK  OTHER

Please check one for Internet/social media photo permission  YES  NO

Signature \_\_\_\_\_

**Please note any allergies/health concerns below.**