BANFF TRAILERS SQUARE DANCE CLUB

NEW DANCER REGISTRATION FORM

Today's Date:			
DANCER # 1 INFORMATION			
First name:		Last name:	
Address:			
Home phone no.:		Cell phone no.:	
Email address:			
DANCER # 2 INFORMATION (OPTIONAL)			
First name:		Last name:	
Address (if different from above):			
Home phone no.:		Cell phone no.:	
Email address:			
IN CASE OF EMERGENCY			
Name of local friend or relative:	Home phone no.:		Cell phone no.:
The above information is for use by the Banff Trailers Square Dance Club (Banff Trailers) and will not under any circumstances be shared with any other party. This information will be kept in a secure location.			
I authorize Banff Trailers to use my information wish to continue dancing with Banff Trailer authorize Banff Trailers to use my email ad Calgary & District Square and Round Dance	rs I will fill o dress to dis	ut another registration for tribute information relat	orm for the following year. I
Signature #1		Signature #2	

You can bring this completed form to your first dance