

# GREEK DANCE CLASS REGISTRATION

NAME \_\_\_\_\_

AGE \_\_\_\_\_ GRADE \_\_\_\_\_

PARISH \_\_\_\_\_

PREVIOUS GREEK DANCE EXPERIENCE \_\_\_\_\_

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## CONTACT INFORMATION:

PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN

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