

Mt. Carmel Dance Clinic Registration Form 2009

October 9th 4:00p – 7:00p AND October 10th 9:00a – 3:00p

GRADES 2ND-8TH

Mt. Carmel High School Dance Room & Gymnasium

Last Name _____ First Name _____ Male/Female _____

Street Address _____ City _____ Zip Code _____

Phone (Home/Cell/Work) _____ Date of Birth _____ School/Grade _____

Email Address _____ Parents Names _____

Emergency Contact: Name / Relationship / Phone Number

Please list all Medical problems---including allergies (i.e., diabetes, asthma, seizures, allergies, etc.).

Dance Experience: Currently attend studio _____

Previously attended studio _____

Have not attended a studio or had any training.

If you have attended a dance studio, what types of dance classes have you taken?

jazz hip hop ballet tap lyrical other _____

T-shirt Size: (Shirt included in registration fee) ***PLEASE CIRCLE ONE:***

Child SM / Child MED / Child LRG / Adult SM / Adult MED / Adult LRG

Please mail completed registration form and payment to: Julie Hennes
Registration fee: \$75.00 (Sibling discount: \$65.00) 12016 Mountain Pass Rd.
San Diego, CA 92128

Please submit separate registration forms for each participant and mail together with one check. Checks should be made payable to **Mt. Carmel High School.**

Total Fees enclosed: _____ Check # _____

CONTACT: mcdancetroupe@yahoo.com, jhennes@san.rr.com or 858.922.1577