Гoday's Date:	How did you hear about us?							
Dancer's Name:	(Last)		/E' . \		/D' .1 D			(4)
			(First)		(Birth D	ate)		(Age)
Parents Name:	(Last)		(First)					
E-mail Address:					1 ()			
			nents, recital i	information, sn	ow days, etc.)			
Address:(Street	(Street) (City)			(State)				(Zip)
(Parent Home Phone)	(Parent Work P			hone) (Parent Cell Phone)				
Emorgonov Contoot								
Emergency Contact:	(Nai	me)				(Phone)		
Class Name				Class Day				ss Time
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Office Use (Only: Session	II			·			
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Registration	Fee			R	MSD T-Shirt	t Fee		