

SCDancing Festival 2018 Registration Form

Please make all checks out to SCAHPERD

All SCDancing Festival participants MUST be SCAHPERD/SCDA members! Please visit scahperd.org to purchase or renew your year-long membership.

Participant Name: _____

DOB: _____

Address: _____

Phone Number: _____

Email: _____

Grade/Year in School: _____

Dance Level (circle one):

Beginner/Intermediate Intermediate/Advanced Teacher/Professional

FOR PARTICIPANTS UNDER 18:

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

Email: _____

Emergency Contact Name: _____

Address: _____

Phone Number: _____

Affiliated School/Organization: _____

Teacher/Director Name: _____

Address: _____

Phone Number: _____