MASTERCLASS
REGISTRATION FORM

STUDIO NAME: _____ **STUDIO PHONE #:** _____

ADDRESS: _____ **HOME PHONE #:** _____

CITY: _____ **POSTAL CODE:** _____

FAX #: _____ **STUDIO EMAIL ADDRESS:** _____

TEACHER'S SIGNATURE: _____

LIST ALL STUDENTS NAMES WHO ARE PARTICIPATING IN THE CATEGORY CHECKED.
CHECK ONLY ONE CATEGORY PER ENTRY FORM

☐ **JR. BALLET** ☐ **SR. BALLET** ☐ **CONTEMPORARY/MODERN** ☐ **JR. JAZZ**

☐ **SR. JAZZ** ☐ **JR. TAP & STAGE** ☐ **SR. TAP & STAGE** ☐ **HIP HOP/STREET DANCE**

STUDENT'S LAST NAME	FIRST NAME	PHONE NUMBER	BIRTHDATE (D/M/Y)	ENTRY FEE
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The studio/teacher acknowledge and agree that they have parent/guardian authorization for this application and its contents. In registering and signing this form, applicant(s) acknowledge and agree that they are giving their consent that photographs taken of participants/students/dancers may be used by the Society for promotional, and fund raising purposes, may be released to the media and remain the property of the Society

Masterclass sign up sheet con't

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