



DANCE REGISTRATION FORM

MAIL REGISTRATION FORM and Payment to:
Easter Lutheran Church • 4200 Pilot Knob Road • Eagan, MN 55122

OFFICE USE ONLY

SESSION			INITIAL
<input type="checkbox"/> FALL	<input type="checkbox"/> SPRING	<input type="checkbox"/> CAMP	

STUDENT 1 _____ BIRTH DATE _____ AGE _____

GRADE (FALL) _____ CLASS DAY _____ CLASS TIME _____ LOCATION _____

CLASSMATE REQUEST _____ ALLERGIES / HEALTH CONCERNS / SPECIAL NEEDS _____

STUDENT 2 _____ BIRTH DATE _____ AGE _____

GRADE (FALL) _____ CLASS DAY _____ CLASS TIME _____ LOCATION _____

CLASSMATE REQUEST _____ ALLERGIES / HEALTH CONCERNS / SPECIAL NEEDS _____

STREET ADDRESS _____ E-MAIL _____

CITY _____ STATE _____ ZIP _____

PARENTS NAME(S) _____

HOME PHONE (_____) _____ CONTACT PERSON _____

ALTERNATE PHONE # 1 (_____) _____ CONTACT PERSON _____

ALTERNATE PHONE # 2 (_____) _____ CONTACT PERSON _____

I GIVE PERMISSION FOR MY CHILD TO ATTEND SPIRITED FEET DANCE CLASSES. IN CASE OF ACCIDENT OR INJURY, I DO NOT HOLD SPIRITED FEET OR THE HOST CHURCH RESPONSIBLE.

PARENT SIGNATURE _____ DATE _____

I GIVE SPIRITED FEET PERMISSION TO TAKE PICTURES AND VIDEO FOR PROMOTIONAL PURPOSES.

PARENT SIGNATURE _____ DATE _____



Spirited Feet
1671 Thornhill Court
Woodbury, MN 55125
651-578-7878
www.spiritedfeet.com