

Psalm 149:3 Let them praise his name with dancing.



# DANCE REGISTRATION FORM

OFFICE USE ONLY

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

**MAIL REGISTRATION FORM and Payment TO:**  
Spirited Feet • 1671 Thornhill Court • Woodbury, MN 55125

STUDENT 1 \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

GRADE (FALL 2009) \_\_\_\_\_ CAMP \_\_\_\_\_ CAMP TIME \_\_\_\_\_ LOCATION \_\_\_\_\_

CLASSMATE REQUEST \_\_\_\_\_ ALLERGIES / HEALTH CONCERNS / SPECIAL NEEDS \_\_\_\_\_

STUDENT 2 \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

GRADE (FALL 2009) \_\_\_\_\_ CAMP \_\_\_\_\_ CAMP 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 CLASS/CAMP. 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 \_\_\_\_\_



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