

PARADOSI

HELLENIC DANCE COMPANY

www.paradosidance.com

tradition_paradosi@yahoo.ca

2019-2020 DANCE PROGRAM REGISTRATION FORM

FOR OFFICE USE:	SUNDAYS
CLASS TIMES:	YOUTH COMPANY (15 YEARS+) 6:00-7:00 PM _____

1ST DANCER LAST NAME: _____

2ND DANCER LAST NAME: _____

1ST DANCER FIRST NAME: _____

2ND DANCER FIRST NAME: _____

AGE: _____ T-SHIRT SIZE: _____

AGE: _____ T-SHIRT SIZE: _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

ALLERGIES: _____

ALLERGIES: _____

CELL # AND/OR EMAIL: _____

CELL # AND/OR EMAIL: _____

3RD DANCER LAST NAME: _____

4TH DANCER LAST NAME: _____

3RD DANCER FIRST NAME: _____

4TH DANCER FIRST NAME: _____

AGE: _____ T-SHIRT SIZE: _____

AGE: _____ T-SHIRT SIZE: _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

ALLERGIES: _____

ALLERGIES: _____

CELL # AND/OR EMAIL: _____

CELL # AND/OR EMAIL: _____

MOTHER LAST NAME: _____

FATHER LAST NAME: _____

MOTHER FIRST NAME: _____

FATHER FIRST NAME: _____

EMAIL: _____

EMAIL: _____

CELL #: _____

CELL #: _____

ADDRESS: _____

ADDRESS: _____

TUITION: \$85 PER STUDENT

METHOD: CASH _____

CHEQUE _____

CHEQUE # _____

E-TRANSFER _____

(SEND TO DKASPIRIS@HOTMAIL.COM AND PLEASE INCLUDE FIRST AND LAST NAME OF CHILD/CHILDREN IN THE NOTE)

TOTAL AMOUNT RECEIVED: \$85 _____

\$170 _____

\$255 _____

\$340 _____