

DANCER'S NAME:

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ADDRESS: ------------------------

PARENT(S) NAME:

HOME PHONE: DANCER CELL:

MOM CELL #

DAD CELL: ---

PARENT(S) EMAIL ADDRESS:

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DANCER'S EMAIL ADDRESS: ---------------------

DANCER'S DATE OF BIRTH: ------------------

DANCE EXPERIENCE, IF ANY: \_

GRADE THAT YOU WILLBEATTENDING 2019-2020 SEASON: ----------

SCHOOL ATTENDING: --------------------

APPLICAICATION & REGISTRATION FEE- $25 MAKE CHECK PAYABLE TO:

WAUKESHA XTREME DANCE TEAM

MAIL TO:

WAUKESHA XTREME DANCE TEAM C/o SANDRA FELLER

2432 EMSLIE DRIVE IWAUKESHA, WI I53188