

ELEVATED DANCE HEADQUARTERS

Dancer's Registration Form

Dancer's Name: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____

Date of Birth: _____ Age: _____

Please circle your choice(s):

Hip Hop

Technique

Jazz

Tap

Contemporary

Competition
Team

Choreography Class

Years of Dance Experience: _____

Please list any relevant medical information (asthma, allergies, diabetes, medications, etc.) _____

Registration Fee: \$25/Dancer | Family \$40/Family

*Please mail this form with registration fee to: (Check made out to ELEVATED, LLC)

ELEVATED DANCE HEADQUARTERS
6950 Brecksville Rd.
Independence, OH 44131