

Grace in Motion

Contact Information

Dancer Information

Dancer's Name _____

Date of Birth _____ Age _____ Cell Phone _____

Email _____

School Attending _____ Grade _____

Dance Experience (Please list years, styles, and studio attended)

Parent Information

Mother _____ Cell Phone _____

Email _____

Address _____

Father _____ Cell Phone _____

Email _____

Address (If different from Mother) _____

Emergency Contacts

Parents will be contacted first. Please list additional contacts here.

Name _____ Cell Phone _____

Relation to Student _____

Name _____ Cell Phone _____

Relation to Student _____