

Registration Form

Please complete this form and return to Pottstown Dance Theatre prior to the start of class(es). One form per dancer.

Dancer Information:

Name: _____

Street: _____

City: _____ Zip: _____

Phone: _____ DOB: _____

Email: _____

Parent(s) Information:

Mother: _____

Cell: _____ Work: _____

Father: _____

Cell: _____ Work: _____

Emergency Information:

Contact: _____ Phone: _____

Is there any important medical information we should know or restrictions pertaining to movement? _____

Where did you hear about us? _____

Class(es) for which student is registering:

_____	_____
_____	_____
_____	_____

Pottstown Dance Theatre
72 W. Main Street, Pottstown, PA 19465