TEAM INFERNO

REGISTRATION FORM

KEYANNA OVERHOLSER
DIRECTOR

945-384-5957
keysdancefactory@gmail.com
www.Keysdancefactory.com

A PERSONAL INFORMATION

Full Name :

Telephone : **Date Of Birth** : D D M M Y Y

E-Mail :

TEAM *Director : 6-11 12-17 Inferno Elite 18+ Older

Allergies : **Gender** Male Female

Address : **City/Zipcode**

E-Mail :

B ADDITIONAL INFORMATION

T-shirt/Top Size : SMALL MEDIUM LARGE **Notes** :

Bottoms/Leggings Size : SMALL MEDIUM LARGE

Dance Experience :

Preferred payment Method : Annual Semi Monthly Monthly

Emergency Contact: **Telephone:** **Email:**

Promotional Offer? Yes No

Description/Term

Completion Date

D D M M

Y Y Y Y

Parent/Guardian/Self