

# BURKE CONROY

## SCHOOL OF IRISH DANCE

2009/2010 – REGISTRATION FORM

Fee for Registration is payable to: Theresa Burke

Mailing address: Theresa Burke – 407 Stonehedge Drive – Elyria, OH 44035

**\$50.00 per Returning Family (\$30 for Irish Centre Members) / \$25.00 New Beginner**

FAMILY NAME: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

STUDENT(S): (If registered this past year, also list current Class Group: Pre-Beginner, Beginner, Group A, Group B, Group C, Group D, Championship. If registering a student for the first time, leave this “Group” category blank.)

NAME: \_\_\_\_\_ GROUP \_\_\_\_\_ Date of Birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

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In order to properly notify you in case of emergency cancellation, etc., please complete the following information – and notify me of any change of phone numbers and/or address.

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Work Phone No. \_\_\_\_\_

Work Phone No. \_\_\_\_\_

Home Phone No. ( ) \_\_\_\_\_

Home Phone No. ( ) \_\_\_\_\_

Cell Phone No. ( ) \_\_\_\_\_

Cell Phone No. ( ) \_\_\_\_\_

E-Mail Address(es) \_\_\_\_\_

If dancer has a cell phone please provide No. ( ) \_\_\_\_\_

Please list any sports/gymnastics/other dance that your child participates in during the year:

(Name of Activity – Season of the Year – Days (Mon., Tues. etc.)

IN CASE OF EMERGENCY:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Student(s): \_\_\_\_\_

**For Office Use Only:**

\_\_\_\_ Paid

\_\_\_\_ Not Paid

**New Beginners:** How did you hear about us? \_\_\_\_\_