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APPLICATION FORM

GUARDIAN INFORMATION

| Father's Name: | | | | | | |
|--|----------|-------|------|--------|---------|--|
| Email: | | First | | La | nst | |
| Telephone: | Home | | Cell | | Work | |
| Mother's Name: | | First | | La | ast | |
| Email: | | | | | | |
| Telephone: | Home | | Cell | | Work | |
| Address: | | | | | | |
| APPLICANT INFO | ORMATION | | | | | |
| Applicant 1 1. Name: Birthday: Email: Telephone: | | | | Grade: | | |
| Medical Restrict Years of Dance I | | | :.) | | | |
| Applicant's signa | ature | | | Date | _ | |
| Applicant 2 1. Name: Birthday: Email: Telephone: | | | | Grade: | | |
| Medical Restrict Years of Dance I | , , , | • | i.) | | | |
| Applicant's signa | ature | | | Date | _ | |