

Holiday Dance Clinic Registration Form

Student Name: _____ Grade: _____

Parent/Guardian Name: _____

Phone #(you can be reached @ during the clinic): _____

T-Shirt Size (Circle one)

Youth Sizes: YXS YS YM YL YXL

Adult Sizes: AS AM AL AXL

Any other information we will need to know (allergies, alternate pick up person, etc.):

\$30 payment must be included with registration. Cash & check are accepted.

Checks should be made payable to HHS Dance Team