



Clinic Registration Form

Saint Joseph's University Dance Team
5600 City Avenue
Philadelphia, PA 19131
www.sjuhawkdancers.com

Mailing Address:
PO Box 564
Fort Washington, PA 19034

Clinic Information

Where: Hagan Arena Multipurpose Room
Date: Sunday, September 12, 2010
Time: 1:00-5:00pm

Fee per participant: \$30 (pre-register by 8/1/10)
\$35 (pre-register after 8/1/10)
\$40 (walk in 9/12/10)

***Checks Only for pre-registration, made out to: SJU Dance Team**

Participant Information

Name: _____ Sex: Male Female

Address: _____

Email Address: _____

Phone Number: (____) _____ - _____

Birthday: ____/____/____ Age: _____ Grade: _____

School: _____

School City/State: _____

Dance Studio: _____

Dance Studio Address: _____

Emergency Contact

Name: _____ Relation: _____

Phone Number: (____) _____ - _____

Check List and Mailing Instructions

Please enclose the following paperwork and payment in an envelope and mail to the address below.

- Registration Form
- Medical/Legal Consent Form

Mail to: SJU Dance Team
Attn: Dance Team Coaches
PO Box 564
Fort Washington, PA 19034

Amount Enclosed: _____

Date: _____ *Pre-registration must be mailed by September 3, 2010