



CONTACT FORM

Dancer's Name: _____ DOB: _____

Parent(s) Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Cell Number: _____

Email: _____

Person Financially Responsible for the Student: _____

Phone Number: _____

I have received and read the policies and understand my commitment to Barefoot Dance Company.

Parent/Guardian
Signature: _____ Date: _____



CONTACT FORM

Dancer's Name: _____ DOB: _____

Parent(s) Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Cell Number: _____

Email: _____

Person Financially Responsible for the Student: _____

Phone Number: _____

I have received and read the policies and understand my commitment to Barefoot Dance Company.

Parent/Guardian
Signature: _____ Date: _____