





Dancer's Name:				
Parents Names:				
Address:				
City:		State:	ZIP:_	
Phone:_()_				
Date of Birth/Age:_				
Years of Experienc	e:			
Please Circle Your	Choice(s):			
Combo	Jazz	Тар		Нір Нор
Lyrical	Ballet	Baton		Competition
Cheer	Voice	Tumbling		Majorette
Registration fees:	FREE-FOR-2	021-2022		
Please mail this form to:				

Krystie's Dance Academy 1543 Niles Cortland Rd. SE Warren, Ohio 44484