## Class of 2016 Social Dance Registration Form

Student Name:	Home Phone:
Please list any food allergies:	
Email:	Parent/Guardian Cell Phone:
Address:	
Parent/Guardian Name:	
	y child,, class and hereby release Ellen's School of Dance and Carlisle School s arising out of injury that may be sustained by my child while
participating in this activity.	
	Date:
Parent/Guardian Signature:	
Parent/Guardian Signature:	Date:  EED <u>FOUR</u> (4) CORI'd* CHAPERONES per evening haperoning (from 5:00 to 7:15 pm)
Parent/Guardian Signature:  BE A FLY ON THE WALL! We N  Check if you are interested in c	Date:  EED <u>FOUR</u> (4) CORI'd* CHAPERONES per evening haperoning (from 5:00 to 7:15 pm) contact you! Thanks.
Parent/Guardian Signature:  BE A FLY ON THE WALL! We N  Check if you are interested in c Please select a date. We'll  March 7	Date:  EED <u>FOUR</u> (4) CORI'd* CHAPERONES per evening haperoning (from 5:00 to 7:15 pm) contact you! Thanks.
BE A FLY ON THE WALL! We N  Check if you are interested in c Please select a date. We'll  March 7  March 21	Date:  Date:  EED FOUR (4) CORI'd* CHAPERONES per evening  haperoning (from 5:00 to 7:15 pm) contact you! Thanks.  March 28  April 11  D & completed CORI form (from school website) to the Main office.

To:

Eileen Faber

682 Lowell Street Carlisle, MA 01741

Need-based scholarships may be available. Contact Dr. Wickman. Scholarship requests are confidential.

Questions? Contact Eileen Faber at 978-369-6488 or pefaber@comcast.net

Rev. 1/30/2014