



Family's Last Name _____

2011 "A Tribute to the Classics" PARTICIPATION FORM & CONTRACT

CHECK ONE: [] **Yes** we want to participate. [] **No** we cannot participate.

Please list each family member's name requesting participation. Include their class name, day & time and the teacher's name of the classes in which they are currently enrolled. All classes and dancers are eligible to participate in the show except Musical Theater and Competition classes. You are required to sign the bottom of this form stating that you have read and understand the Performance Information and Regulations for these shows. **Return Performance Fee, Form and Contract to the office by March 1st.** If you have questions please feel free to contact your teacher or inquire at the Front Desk.

1) First _____ Last _____

(If different than above)

Class _____ Day _____ Time _____ Teacher _____

2) First _____ Last _____

Class _____ Day _____ Time _____ Teacher _____

3) First _____ Last _____

Class _____ Day _____ Time _____ Teacher _____

4) First _____ Last _____

Class _____ Day _____ Time _____ Teacher _____

Signature _____ **Date** _____

By signing above I have stated that I have read and understand the participation details and policies stated for our upcoming production and agree to abide by these policies and procedures. If you are under the age of 18 you must have parent or guardian sign this contract. **Please put family name in upper right space**

Office Use Only: Do not write below

Performance Fee \$ _____ Date Paid _____ Method _____ # _____

Costume Fee \$ _____ Date Paid _____ Method _____ # _____

\$ _____ Date Paid _____ Method _____ # _____

Notes: _____
