## Cricket's Performing Arts Registration Information 23-24



A B M

Student Name		Age Birthdate		
Student Name		Age Birthdate		
Address	City	State Zip	_	
Primary E-mail:	Secondary E-Mail:			
First year enrolled at Cricket's (Student #1) _	(Student #2)			
Years of Dance experience Pleas	se list style of dance previously enrolled in b	below:		
			_	
Individual Responsible For Payments:	Contact Phor	ne #		
Mother	Phone Home / Cell:	Work:		
Father	Phone Home / Cell:	Work:		
	Relationship	Phone		
By signing below I state that I have read all of the support all policies, rules and regulations of Crickindemnify and hold Cricket's, it's owners, employ resulting from the use and occupancy of the premowners, employees, agents or representatives. W recording device and likeness for all purposed. W	et's Performing Arts, and state that I am solely reves, agents and representatives free from any and including any event authorized or spondle give permission to Cricket's Performing arts to	esponsible for all payments due. I also agree to nd all claims, damage or liability arising out of o nsored by Cricket's School for the Performing Ar o use any photographs—video-film-audio or any	d or ts, it's	
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Student	Name:	Class:	Day:	Time:	Tuition by the 25 <sup>th:</sup>	Tuition by the 1 <sup>st</sup> :
				Tuition To	tal:	
Date	Total	Payment Method:		Description/Comments		