



Little School of Dance

REGISTRATION FORM

Date: _____

Dancer's Name: _____

Nicknames: _____

Parents Names: _____

Mailing Address: _____

City/State/Zip: _____

Phone: (Day) _____

(Evening) _____

Cell: _____

E-mail: _____

Age: _____

Birth Date: _____

Grade/School: _____

Number of years dancing: _____

Emergency Contact:

Name: _____

Contact Number: _____

Special Conditions: _____

Classes: _____

Molly Brodie
(907) 486-4262 or (907) 486-2785
1220 Rezanof - P.O. Box 296
Kodiak, Alaska 99615

