



Office use only

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Check # \_\_\_\_\_

Cash: \_\_\_\_\_

**MEMBERSHIP DUES:**

The annual membership fee must accompany membership paperwork forms.

\$25.00 per performer or \$30.00 for a family

PLUS \$5 per person for insurance (each performer and parent/guardian)

Signature of parent or guardian \_\_\_\_\_

Print name \_\_\_\_\_

**Name of performer/performers**

1. \_\_\_\_\_ DOB \_\_\_\_\_

2. \_\_\_\_\_ DOB \_\_\_\_\_

3. \_\_\_\_\_ DOB \_\_\_\_\_

4. \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Mother \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

E-mail address \_\_\_\_\_

Father \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

E-mail address \_\_\_\_\_

Guardian \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance company \_\_\_\_\_

Policy # \_\_\_\_\_