In Sync Dance of Auburn
Registration Form 2022-2023

Student's First Name	**Last Name**
Parent's Name (First & Last)	**Student's Date of Birth**
Home Phone #	**Other Phone #**
Address	
City	**Zip Code**
Email (Mandatory)	
Student's School	
How did you hear of ISDA?	
Medical Conditions WE Should Be Aware Of?	

Participating in performances (Please circle):	**Nutcracker**	**Ballet-June**
(If allowed under current COVID-19 conditions)	**Y or N**	**Y or N**

Classes-Full Title	Day	Time	Class Instructor

MEASUREMENTS-COMPLETED BY ISDA STAFF

Bust	Waist	Hips	Girth	Tights	_____ Street Shoe
					Ballet _____ Jazz _____ Tap _____