



In Sync Dance of Auburn Registration Form 2026-2027

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?	

Classes-Full Title	Day	Time	Class Instructor

MEASUREMENTS-COMPLETED BY ISDA STAFF

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