In Sync Dance of Auburn
Registration Form 2025-2026

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): **(If allowed under current COVID-19 conditions)**	**Nutcracker** **Y or N** **Ballet-June** **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 _____