

## NC-State Dance Team Clinic Registration Form

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

Age: \_\_\_\_\_ Rising Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ # \_\_\_\_\_

**Print and mail form with \$30 payment to:  
Staci Ezzell 7304 Peacock Rd. Chadbourn NC, 28431**