

Tour de Force Enrollment Form

Dancer Name _____ Age _____ DOB _____

School District _____ 2015-16 Grade _____

Parents' Names _____

Address _____

Home Phone _____

Parent Cell Phone _____

Student Cell Phone _____

Parent Email Address _____

Student Email Address _____

T Shirt/Sweatshirt Size _____

Parent Committee Interest (please check):

Costuming _____ (Chairperson? _____)

Fundraising _____ (Chairperson? _____)

Public Relations _____ (Chairperson? _____)

Performance Coordination _____ (Chairperson? _____)

Please sign and date below:

I understand and agree to abide by the requirements of membership in Tour de Force.

Parent Signature _____ Date _____

Dancer Signature _____ Date _____

Please attach membership fee check for \$50 to this form! Make check payable to Tour de Force!