

# University of Delaware Dance Team Prep Clinic Registration

\* Please print this form and mail to the address shown below. Registration is fulfilled on a first come/first serve basis.

Date of clinic: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

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

Home Phone: \_\_\_\_\_ Age: \_\_\_ Date of Birth: \_\_\_\_\_

Year graduating: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Emergency

Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

High School Attended: \_\_\_\_\_

High School Address: \_\_\_\_\_

Coach/advisor name: \_\_\_\_\_

College(s) of choice: 1st \_\_\_\_\_

2nd \_\_\_\_\_

3rd \_\_\_\_\_

Amount enclosed: \_\_\_\_\_ CHECKS ONLY -- please do not send cash

Make checks payable to Univ. of Delaware Dance Team and mail to:

Recreation Services Business Office

University of Delaware

Carpenter Sports Building Newark, DE 19716