Aegela Centers for Middle Eastern Dance

REGISTRATION FORM

2009-2010

Day(s): M Tu W Th F Sa Su **Time(s):**_____

Referred by:_____

Name: _____

Mailing Address: _____

_____

Phone: (home) _____

(cell) _____

E Mail Address: (1) _____

(2) _____

Birthday: Month ____ Day _____

Please list physical restrictions, recent surgeries or medical conditions:

_____

_____

_____

Angela Bear (aka Aegela) and/or Aegela Centers for Middle Eastern Dance cannot assume liability or responsibility for loss of property or injuries incurred by you or others while participating in this class. By agreeing to participate, you assume the risk and responsibility for injuries/losses.

Signature: _____

Emergency Contact Name/Phone Number: _____

_____

_____

If registering by mail, make check payable to "Aegela" & send with completed form to:

Aegela
1101 Williams Street
Adrian, MI 49221 *www.aegela.com* *517.918.9547* *aegela@mindspring.com*