

Aegela Centers for Middle Eastern Dance

REGISTRATION FORM 2010 - 2011

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

Referred by: _____

Name: _____

Mailing Address: _____

Phone: (home) _____
(cell) _____

E Mail: Primary _____
Secondary _____

Birthday: Month _____ Day _____

Facebook: If you are on Facebook and would like access to our studio page, "Aegela Monster Mob," please indicate your name as used on Facebook.

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: _____

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

Aegela
P O Box 350742
Toledo, OH 43635

www.aegela.com

517.918.9547

aegela@mindspring.com