**    
2019 Sharing Dance Seniors Registration**

**PLEASE COMPLETE THE FORM BELOW and mail or email to The Meeting Place**20 Centennial Drive, Tobermory, ON N0H 2R0

E-MAIL - [meetingplace@amtelecom.net](mailto:meetingplace@amtelecom.net)

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \*

MM DD YYYY Age \*

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Address \* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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Registration for Wednesday or Friday morning? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any health problems or any disabilities that we need to be aware of?

\*If yes, please explain.

Do we have permission to use your photo for our brochures, publicity releases, and/or website? \*

 YES  NO

**\*Emergency contact**  
  
 First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_