

BEGINNER PROGRAM

First Name: _____ **Last Name:** _____ **Sex:** *M or F*
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone No.: _____ **Birth Date:** ____ / ____ / ____ **Age as of 1/1/2016** _____
Club ID: _____ **Club Name:** _____
Amateur Card #: _____ **Coach's Name:** _____
Dance Partner: _____ **Club Name:** _____

Figure & Loop Events	
<input type="checkbox"/>	Newcomer Primary
<input type="checkbox"/>	Newcomer Juv/Elem
<input type="checkbox"/>	Newcomer Fresh/Soph
<input type="checkbox"/>	Newcomer Novice
<input type="checkbox"/>	Intro Primary
<input type="checkbox"/>	Intro Juv/Elem
<input type="checkbox"/>	Intro Fresh/Soph
<input type="checkbox"/>	Intro Novice
<input type="checkbox"/>	Sub-Juv/Elem
<input type="checkbox"/>	Sub-Fresh/Soph
<input type="checkbox"/>	

Freestyle Events	
<input type="checkbox"/>	Newcomer Primary
<input type="checkbox"/>	Newcomer Juv/Elem
<input type="checkbox"/>	Newcomer Frsh/Soph
<input type="checkbox"/>	Newcomer Novice
<input type="checkbox"/>	Intro Primary
<input type="checkbox"/>	Intro Juv/Elem
<input type="checkbox"/>	Intro Fresh/Soph
<input type="checkbox"/>	Intro Novice
<input type="checkbox"/>	

Team Dance Events	
<input type="checkbox"/>	Newcomer Primary
<input type="checkbox"/>	Newcomer Juv/Elem
<input type="checkbox"/>	Newcomer Frsh/Soph
<input type="checkbox"/>	Newcomer Novice
<input type="checkbox"/>	Intro Primary
<input type="checkbox"/>	Intro Juv/Elem
<input type="checkbox"/>	Intro Fresh/Soph
<input type="checkbox"/>	Intro Novice
<input type="checkbox"/>	Sub Juv/Elem
<input type="checkbox"/>	Sub Fresh/Soph
<input type="checkbox"/>	

Solo Dance Events	
<input type="checkbox"/>	Newcomer Primary
<input type="checkbox"/>	Nwcomer Juv/Elem
<input type="checkbox"/>	Newcomer Frsh/Soph
<input type="checkbox"/>	Newcomer Novice
<input type="checkbox"/>	Intro Primary
<input type="checkbox"/>	Intro Juv/Elem
<input type="checkbox"/>	Intro Fresh/Soph
<input type="checkbox"/>	Intro Novice
<input type="checkbox"/>	Sub-Juv/Elem
<input type="checkbox"/>	Sub-Fresh/Soph
<input type="checkbox"/>	

PAIRS	
<input type="checkbox"/>	Newcomer Primary
<input type="checkbox"/>	Newcomer Juv/Elem
<input type="checkbox"/>	Newcomer Fresh/Soph
<input type="checkbox"/>	Newcomer Novice
<input type="checkbox"/>	Intro Primary
<input type="checkbox"/>	Intro Juv/Elem
<input type="checkbox"/>	Intro Fresh/Soph
<input type="checkbox"/>	Intro Novice
<input type="checkbox"/>	Sub-Juv/Elem
<input type="checkbox"/>	Sub-Fresh/Soph

PRECISION	
<input type="checkbox"/>	12 & Under
<input type="checkbox"/>	13 & Older
<input type="checkbox"/>	
<input type="checkbox"/>	

QUARTET	
<input type="checkbox"/>	12 & Under
<input type="checkbox"/>	13 & Above
<input type="checkbox"/>	
<input type="checkbox"/>	

Mail Applications to:
 Janet Jordan
 4 Sutley Drive
 Voorhees, NJ 0843

First Event \$10.00	x		=	
Addtl Events \$10.00 Each	x		=	
Assessment Fee \$10.00	x		=	
		<i>Total</i>	=	

Make Check Payable to Forrest's Family Fun Center

