

VEGREVILLE PYSANKA FESTIVAL DANCE WORKSHOP

REGISTRATION FORM

Student Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Name of Parents or Guardians: _____

Phone Number (Home) _____ (Work) _____ (Cell) _____

E-mail Address: _____

Date of Birth(mm/dd/yyyy): _____ Age: _____

Gender: Male: _____ Female: _____

Name of Current Dance School: (Ukrainian) _____

Name of Current Dance School: (Other- Ballet, Jazz, Tap) _____

Registration Deadline: June 1, 2011

Please return forms to jomimo@shaw.ca

or mail to

168 Deer Ridge Drive
St. Albert, Alberta
T8N 6G9