

SAINT NICHOLAS GREEK ORTHODOX CHURCH
HELLENIC GOLDEN COINS DANCE TROUPE



Registration Form

DANCER'S
NAME _____

ADDRESS _____

EMAIL _____ CELL # _____

PARENT/GUARDIAN INFORMATION:

MOTHER _____

EMAIL _____ CELL # _____

FATHER _____

EMAIL _____ CELL # _____

IN CASE OF EMERGENCY:

CONTACT NAME _____

PHONE _____

By signing below, I acknowledge and agree to the following:

- Receipt of the Hellenic Golden Coins' current year Handbook.
- Understand the importance of attending all the rehearsals.
- If I wish to terminate my registration, I will only be eligible for a tuition refund within 1 month of original enrollment date.
- Photos and/or video will be taken of the HGC dancers.

PARENT/GUARDIAN SIGNATURE: _____

DATE OF SIGNATURE: _____

DANCER'S SIGNATURE: _____

DATE OF SIGNATURE: _____

OFFICE USE ONLY:

TUITION AMOUNT PAID cash or check# _____ (circle one)

Date Received Tuition: _____

Name of Person Receiving Funds: _____

Signature of Person Receiving Funds: _____