



In Sync Dance of Auburn Registration Form 2024-2025

Student's First Name	Last Name		
Parent's Name (First & Last)	Student's Date of Birth		
Home Phone #	Other Phone #		
Address			
City	Zip Code		
Email (Mandatory)			
Student's School			
How did you hear of ISDA?			
Medical Conditions WE Should Be Aware Of?			
Participating in performances (Please circle): (If allowed under current COVID-19 conditions)	Nutcracker Y or N	Ballet-June Y or N	
Classes-Full Title	Day	Time	Class Instructor

MEASUREMENTS-COMPLETED BY ISDA STAFF

Bust	Waist	Hips	Girth	Tights	_____ Street Shoe
					Ballet _____ Jazz _____ Tap _____