



# DANCE/WORKSHOP REGISTRATION ROSTER

Studio Name: \_\_\_\_\_

Name of Dancers: If you want your names printed correctly in the program book, please **PRINT** clearly      Age      Birth date      Parent's Signature

1.			
2			
3			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			

Studio Representative's Signature \_\_\_\_\_

*By completing this form and/or initializing the roster, we hereby release Ticket To Broadway, its directors, agents, and employees from any and all claims for damages or injuries which may be sustained while participating in any activity connected to this competition and/or workshop. It is your responsibility to inform any instructor of any physical limitation you may have and hereby agree to all rules. Each student may decline to participate in any activity. If you have any doubt as to your physical abilities, please consult with your physician before participating.*

Ticket To Broadway, P.O. Box 341, Pittstown, NJ 08867 Phone 908.730.0364 Fax 908.730.6237

Email: [info@tickettobroadway.com](mailto:info@tickettobroadway.com) [www.tickettobroadway.com](http://www.tickettobroadway.com)