

Team Registration Form

SDSU Dancer that signed you up (if applicable) _____

School Name _____ Contact Person _____ Ph.# _____

| Name | Grade | E-mail | Phone # | T-shirt Size |
|------|-------|--------|---------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total # of T-Shirts YM ___ YL ___ AS ___ AM ___ AL ___ AXL ___

Total # of Students: _____ x \$35 per member = \$ _____

Total # of Clinic Music CD's: _____ x \$2.00 each = \$ _____

Total Enclosed: \$ _____

School address where the t-shirts should be mailed for the students unable to attend the performance on Saturday, November 11th:

Please turn in all cash to a SDSU Dance Team member or coach, make checks payable to **SDSU I.A.A** and mail a team or individual registration form with payment and a Medical Release form for each participant by **Monday, October 30th** to the address below:

Attention: Coach Brady, SDSU Dance Clinic
Aztec Recreation Center
55th Street
San Diego, CA 92182

For more information and to RSVP, contact us at
www.goaztecs.com or e-mail Coach Brady at SDSUDanceTeam@yahoo.com