



## 2020 Junior Royals Dance Clinic Registration

### GENERAL INFORMATION

Child's Name(First,Last):\_\_\_\_\_

Age:\_\_\_\_\_ Gender (please circle) Male Female

Address:\_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

Parent's Name(s)\_\_\_\_\_

Phone:\_\_\_\_\_

Family E-mail:\_\_\_\_\_

Shirt Size(please circle, also please note if toddler sizes are needed):

YS YM YL AS AM AL AXL

Additional Tickets:\_\_\_\_\_ x\$15=\_\_\_\_\_

### PAYMENT INFORMATION

\*Make checks payable to the Cedar Rapids River Kings\*

Credit Card Number:\_\_\_\_\_ Expiration Date: \_\_\_\_\_ Code: \_\_\_\_\_

Billing Address (if different from above):

\_\_\_\_\_

Name on Card (Printed):\_\_\_\_\_

Season Ticket Holder(please circle): Yes No

Parent Signature:\_\_\_\_\_

