



## 2024 Bring A Friend Form

**Friend Information:** (\*Denotes Required Fields)

Last Name:\* \_\_\_\_\_ First Name:\* \_\_\_\_\_

Home Phone:\* \_\_\_\_\_ Age:\* \_\_\_\_\_

Parent Name:\* \_\_\_\_\_ Parent Cell:\* \_\_\_\_\_

Parent Email:\* \_\_\_\_\_

Emergency Contact:\* \_\_\_\_\_ Phone: \_\_\_\_\_

Class Attending:\* \_\_\_\_\_

Who Is Your Friend?\* \_\_\_\_\_

*I give my child \_\_\_\_\_ permission to attend Bring a Friend week at emjaez Dance Studio on \_\_\_\_\_ (date of class).*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*Please email completed form to [teammj@emjaezdance.com](mailto:teammj@emjaezdance.com)*