

# SHUSHI ARMENIAN DANCE ENSEMBLE

OF ST. VARTAN ARMENIAN CATHEDRAL

630 2<sup>nd</sup> Ave, New York, NY 10016

## MEMBERSHIP FORM 2018-2019 SEASON

### PLEASE PRINT

Last Name: \_\_\_\_\_

Member 1 Name: \_\_\_\_\_ Member 2 Name: \_\_\_\_\_

Member 3 Name: \_\_\_\_\_ Member 4 Name: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Birthday: Month/Day/Year: Member 1: \_\_\_\_\_ Member 2: \_\_\_\_\_

Birthday: Month/Day/Year: Member 3: \_\_\_\_\_ Member 4: \_\_\_\_\_

School Name (M-F): Member 1: \_\_\_\_\_ Member 2: \_\_\_\_\_

School Name (M-F): Member 3: \_\_\_\_\_ Member 4: \_\_\_\_\_

School Name: Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_

Any Prior Dance Experience: No \_\_\_\_\_ Yes \_\_\_\_\_ Please Explain \_\_\_\_\_

How did you hear about The Shushi Ensemble? \_\_\_\_\_

Will you be willing to help or get involved in any Shushi activity? Yes \_\_\_\_\_ NO \_\_\_\_\_

If YES in which Area: During rehearsal \_\_\_\_\_ Performance \_\_\_\_\_ Costume Production \_\_\_\_\_

E-mail(s): List all emails with names: \_\_\_\_\_

\_\_\_\_\_

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- EACH TIME YOUR CHILD IS NOT WEARING THE BLACK UNIFORM & BLACK SHOES THERE WILL BE A CHARGE OF \$20.00
- IF THE MEMBER MISSES 2 REHEARSALS IN A ONE MONTH PERIOD WITHOUT PRIOR APPROVAL FROM THE DIRECTOR, **THE MEMBER WILL BE DISMISSED FROM THE DANCE GROUP**

**MEMBERSHIP FOR 2018-2019 SEASON is \$525.00 IF PAID ON OR BEFORE OCTOBER 15<sup>th</sup>, 2018. AFTER OCTOBER 15<sup>th</sup>, 2018 THE FEE WILL BE \$575.00. Membership must be paid in full at the time of registration (to make special payment arrangements please discuss with the director)**

Please make your checks payable to: **Shushi Armenian Dance Ensemble**

**Mail payment & form to: Shushi Armenian Dance Ensemble**

**26 Hillside Ave, Cresskill, NJ 07626**

Paid by check # \_\_\_\_\_ Cash \_\_\_\_\_ Date Received \_\_\_\_\_ Received by \_\_\_\_\_