

# Spinning Spirals Kids Hoop Troupe Registration Form

*Please make checks out to Soolah Hoops*

Registration can be dropped off at The Banner School, % Soolah Hoops, 1730 N Market St, Frederick, MD 21701 or mailed in to **Soolah Hoops**, PO Box 912 Cascade, MD 21719.

Student First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Student Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_ T - Shirt Size: XS S M L XL

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Address: Same As Above ( Y / N )

If No : Address: \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Address: Same As Above ( Y / N )

If No : Address: \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Experience (circle):    Hula Hoop    Dance    Theater    Gymnastics    Circus Arts

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

Financial assistance is available for families that need it.  
Please inquire for more details at [www.SoolahHoops.com](http://www.SoolahHoops.com)!

Organizer's Use:	
New Member    or    Returning Member	Qualify for FA? Y / N

# Spinning Spirals Kids Hoop Troupe Registration Form

*Please make checks out to Soolah Hoops*

Registration can be dropped off at The Banner School, % Soolah Hoops, 1730 N Market St, Frederick, MD 21701 or mailed in to **Soolah Hoops**, PO Box 912 Cascade, MD 21719.

Registration Fee Paid: Y / N	Amount of Assistance:
------------------------------	-----------------------