



Registration Form

Please make checks out to **Soolab Hoops, LLC**. Registration can be dropped off or mailed in to **The Banner School** 1730 N. Market St. Frederick, MD 21701.

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.SoolabHoops.com!

Organizer's Use:	
New Member or Returning Member	Qualify for FA? Y / N
Registration Fee Paid: Y / N	Amount of Assistance: