

SHUSHI ARMENIAN DANCE ENSEMBLE

OF ST. VARTAN ARMENIAN CATHEDRAL

630 2nd Ave, New York, NY 10016

MEMBERSHIP FORM 2017-2018 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: _____

- 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 2017-2018 SEASON is \$525.00 IF PAID ON OR BEFORE OCTOBER 13th, 2017. AFTER OCTOBER 13th, 2017 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 _____