

HOLY TRINITY GREEK DANCE PROGRAM

Parent(s) Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

**Please complete a separate form for each
dancer.**

Dancer's Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

Date of Birth: _____ Grade: _____

Previous Dance Group Name: _____

Registration Fees: 1st Child is \$100.00 and each additional child is \$50.00. The maximum registration fee is \$200.00 per family. Please return this form with a check for the full registration fee to:

**Holy Trinity Greek Orthodox Church
Attention: Dance Group
3131 NE Glisan Street
Portland, OR 97232**