

# Dabke Class Registration Form

## Ages 7-70

Student's Name:	Gender:	Age:
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Previous dabke training? Yes _____ No _____
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Name (Parent / Guardian):		
Address:	City:	State / Zip:
Home Phone:	Cell Phone:	
Email address:		

Emergency Contact (other than a parent):	
Relationship to student:	Phone Number:

Please list all medical information (pre-existing allergies, medications, or medical conditions) that we should be aware of : _____ _____ _____
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How did you hear about us? (please check) Email _____ Mail _____ Our website _____ Friend/Family _____ Facebook _____ Word of Mouth _____ Advertisement _____ Other (please list) _____
<b>Age 7 – 14</b> <u>11:00 am - 12:30 pm</u> <b>Age 15+</b> <u>12:30 pm - 02:00 pm</u> <b>Age 50+</b> <u>02:00 pm - 03:30 pm</u> <b>Women Only</b> <u>03:30 pm - 05:00 pm</u> <b>Free show</b> <u>05:30 pm - 06:30 pm</u>

Fee: \$15/class

Payment Method

<input type="checkbox"/> Check: Payable to Zawaya (Mail to Zawaya, 311 41 <sup>st</sup> Ave., San Mateo, CA 94403) <input type="checkbox"/> PayPal to <a href="mailto:zawaya.admin@gmail.com">zawaya.admin@gmail.com</a> <input type="checkbox"/> Venmo @Zawaya-Aswat <input type="checkbox"/> Zelle to <a href="mailto:zawaya.admin@gmail.com">zawaya.admin@gmail.com</a>
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Print Name:

Signature (Parent or Legal Guardian if under 18)

Date:

Zawaya Use Only

Payment Type:	Payment Date:
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