

Date:
da



REGISTRATION FORM

NAME: _____

PHONE: _____

EMAIL: _____

POSTAL ADDRESS: _____

EMERGENCY CONTACT

NAME: _____

RELATIONSHIP: _____ PHONE: _____

MEDICAL INFORMATION

DOCTOR'S NAME: _____

PHONE: _____

HEALTH ISSUES/ALLERGIES: _____

HOW DID YOU HEAR ABOUT SALSA DURANGO? _____