



**Mail with payment to:**

**Little Rock Tap Festival, LLC  
P.O. Box 21453  
Little Rock, AR 72221**

**REGISTRATION FORM**

Dancer's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Dance Studio (if applicable): \_\_\_\_\_

Guardian Name (if under age 18): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Class Level:  Little Rockers                      Select a Pass:  All Access Pass  
 Intermediate I                                       1 Day Pass (Quantity: \_\_\_\_\_)  
 Intermediate II                                       Teacher Pass  
 Advanced I  
 Advanced Pro  
 Teacher

How Did You Hear About Little Rock Tap Festival?

- Social Media
- Advertisement
- Email
- Friend or Family Member
- Dance Teacher

Other: \_\_\_\_\_

**Participant Release:**

I am participating in the activities of Little Rock Tap Festival on my own accord. Pending any incidents of injury or property loss, I release Little Rock Tap Festival, and all it's locations, employees, contractors, and volunteers from liability.

Participant Signature (if over age 18): \_\_\_\_\_ DATE: \_\_\_\_\_

Guardian Signature (if under age 18): \_\_\_\_\_ DATE: \_\_\_\_\_