



SHARON'S

SCHOOL OF

DANCE



RECITAL PARTICIPATION FORM

Recital will take place Friday May 9th and Saturday May 10th, 2025

STUDENT NAME: _____

(check one) My CHILD WILL WILL NOT participate in Recital 2025

My child will participate in Recital for the following classes (mark all that apply):

Class	Level (Pre, I, II, III, IV, Co I, Co II)	Day (M, T, W, Th)	Time
Ballet	_____	_____	_____
Jazz	_____	_____	_____
Pointe	_____	_____	_____
Contemporary	_____	_____	_____
Tap	_____	_____	_____
Acro	_____	_____	_____
Musical Theater	_____	_____	_____

PARENT/GUARDIAN NAME(S): _____

(check one) I (myself) WILL WILL NOT participate in Recital 2025

(check one) Child's other parent/guardian WILL WILL NOT participate in Recital 2025

Please enclose \$30 Recital Fee *PER CHILD* due by or before TUESDAY NOVEMBER 26nd, 2024

Cash, Check (made to Sharon's School of Dance), or online (sharonsschoolofdancesidney.com/payments) payments are accepted

PARENT SIGNATURE: _____

DATE: _____