

MacCulloch School of Dancing

Highland & Canadian Step Dancing
Glengarry Branch



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REGISTRATION FORM

Highland

Step Dancing

Exam Level or Years of Experience:

Class:

Parent's Name: _____

Student's Name: _____

Birth Date: _____ Age: _____

Address: _____

City/Province: _____

Postal Code: _____

Home Telephone: _____

Work Telephone _____

Other Telephone: (Please Specify)

Email address:

