

Sun City Summerlin Dance Company

New Member Form

Send completed form to Lori McKeogh.

Text: 586-255-5741 Email: lorimckeogh@gmail.com Mail: 2837 Bluff Point Dr.

Name _____
First & Last

SCS Association # _____

Address _____
Las Vegas, NV 89134

Phone # _____

Email _____

Birthday (Optional) _____
Month and Day

Dues Amount Jan. 1 to Dec. 31: \$25.00 June 1 to Dec. 31: \$12.50

Payment Check # _____ Cash

Do not include my *email* in the membership roster.

Do not include my *address* in the membership roster.

Do not include my *phone #* in the membership roster.

Note: The Dance Company takes photos and records events or classes for use on our social media platforms and other format.

Emergency Contact Information

This information will be stored in a binder in a locked closet. We will only access it in case of an emergency where we need to call paramedics or take you to the hospital.

Contact 1: Name _____

Phone # _____

Contact 2: Name _____

Phone # _____

Allergies or other information you want us to know in case of an emergency.

Signature _____