



Spectra Twirlers Registration Form

Students Name _____

Date of Birth: _____ - _____ - _____

Parents/Guardians Name _____

Address: _____

Contact numbers: () _____ () _____

Email address: _____

Does your child have any background in twirling, dance, or gymnastics? _____

Has your child taken baton lessons before? Yes or No / Team or Private

IF so, what level of twirling Novice, Special Beginner, Beginner, Intermediate, or Advance

Does the student have any allergies, medical problems, or limitations that the instructor needs to be aware of? If yes,

Explain _____
