

KATZ-ENTERTAINMENT presents:

Katz Kabaret

CONTACT & INFORMATION SHEET

NOTE - IF MULTIPLE PARTICIPANTS, PLEASE COMPLETE ONE FORM / PARTICIPANT

DATE: _____

LAST NAME : _____ FIRST NAME : _____ MI : _____

STREET ADDRESS : _____
MAILING

CITY : _____ STATE : _____ ZIP : _____

STREET ADDRESS : _____
BILLING, IF DIFFERENT

CITY : _____ STATE : _____ ZIP : _____

CELL PHONE : _____ OTHER PHONE: _____

EMAIL : _____ DATE OF BIRTH : _____
MONTH / DAY if over 18*

EMERGENCY CONTACT : _____ RELATIONSHIP : _____

STREET ADDRESS : _____

CITY : _____ STATE : _____ ZIP : _____

CELL PHONE : _____ WORK PHONE : _____ OTHER : _____

INTEREST(S) :
PLEASE SELECT ALL THAT APPLY

HOW DID YOU HEAR ABOUT US :
PLEASE SELECT ALL THAT APPLY

CLASS(ES) - PRIVATE _____

CLASS(ES) - GROUP _____

CHOREOGRAPHY _____

PERFORMANCE _____

OTHER _____
Please Specify

SOCIAL MEDIA _____
Please Specify

WEBSITE _____

OTHER _____
Please Specify

REFERRAL _____
Please Specify

PARTICIPANT SIGNATURE : _____ PRINT NAME : _____ DATE : _____

SIGNATURE OF PARENT/GUARDIAN : _____ PRINT NAME: _____ DATE : _____
(IF UNDER 18)* (IF UNDER 18)*

Please note that all information received is held in the strictest of confidence & will not be disclosed with any other party/parties without your express consent prior to doing so.