

# EVDA Registration Form

Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/ Guardian name (s) \_\_\_\_\_

Address \_\_\_\_\_

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Home Phone \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Beginner class: Monday from 5:30-7:00pm

\_\_\_\_\_ Advanced class: Monday from 7:00-8:30pm

\_\_\_\_\_ Intermediate class: Tuesday from 5:30-7:00pm

Insurance provider \_\_\_\_\_

Policy number \_\_\_\_\_



Mail registrations to:

EVDA

Attn: Jenny Raiche

6200 140<sup>th</sup> Street West

Apple Valley, MN 55124

Please enclose check for \$85 made payable to: Eastview LDT Booster Club

**Registration due not later than September 8!!!**