

Participant Form

Name:

(Please write clearly. This is how your name will appear in the program)

Male or Female:

Address:

(w/city &
zip code)

Phone Number:

Emergency/Alternate Phone Number:

Parent's/Guardian's Name:

Email Address:

Age & Birthday:

Grade in School:

Is this your 1st year in Circus?

How many years have you been in Circus?

What acts have you signed up for this year?

What Circus awards have you received?