

Northwest Arkansas Junior Cotillion, Inc.

For 2017 - 2018

Total Fee for Cotillion Membership: \$ 275.00

Non-refundable Deposit Due on Registration: \$ 125.00

Balance Due at Mothers Tea

Contact Information

NWAJC, Inc.
318 East Lafayette
Fayetteville, Arkansas 72701
(479) 521-6593
waltz@nwajc.com
www.nwajc.com

Attach Photo Here

* Enter numbers only

Boy

Girl

Grade in Fall 2017

Office Use Only

Child's Name

Address

City

Zip

*

Home/Work Phone

*

Cell Phone #

*

School

Legacy or Sibling of

Mother

Father

Address if different
from above

Person Responsible for
Payment?

Other Notes

Deposit

Check #

Payment

Check #

Cotillion Member's E-Mail Address

Parent's E-Mail Address

Volunteer for Decorating Committee

Volunteer Cookies

I consent to pictures being taken of my child for emailing or website postings.

Northwest Arkansas Junior Cotillion, Inc. Registration

For 2017 -2018

* Enter numbers only

Student's Name

Phone *

Parent / Guardian

Who will be picking up student?

The above child has my permission to attend the Northwest Arkansas Junior Cotillion, inc. (NWAJC). I confirm that he/she is in good health. I give my permission for the Cotillion Officials to call a doctor or the person listed below at the bottom of this form in the event of an emergency.

I hereby release and forever discharge NWAJC, it's directors, agents, employees, instructors, attendants, and assigns by reason of any and all known/or unknown injuries (physical and/or mental), disabilities, diseases, damages, losses and expenses (past, present, and future) arising out of or connected in any manner with any accident or injury sustained by our said minor child (or her/his heirs, executors and assigns) while said child is engaged in, participating in, dance training, practice, exhibition or recreation directed, sponsored, conducted, or maintained at or by NWAJC, it agents, directors, employees, instructors, attendants and/or assigns.

The consideration for the execution of this release is our desire and intention to have the aforementioned minor child use the facilities and follow the rules of NWAJC. I make and execute this release of my own free will in accordance with the rules and regulations set up by NWAJC on this day of 2016.

I have read the foregoing release and guidelines and fully understand them.

Parent / Guardian Signature _____

Doctor

Phone # *

Supplemental
Information if
required