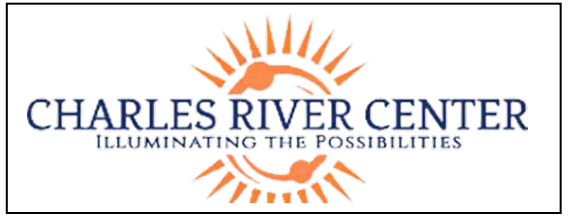


Rock Your Socks Dance Registration Form

September 22, 2023

6:30 p.m. - 8 p.m.



Individual's Name: _____

Address: _____

Phone: (____) _____ - _____ Email Address: _____

Individual's Age: _____ Birthdate: _____

Individual's Primary/Secondary Disability: _____

Parent/Guardian: _____

Parent/Guardian Contact Info (if different from Individual's): _____

COST:
\$10

Please write the name(s) of the individual(s) and the chaperone(s) who will be attending the
Rock Your Socks Dance
at
59 East Militia Heights Drive, Needham, MA 02492:

Individual Name(s): _____

Chaperone Name(s): _____

Please contact FamilySupport@charlesrivercenter.org

with any questions or completed forms.