

Pan Pacific Ballroom Dance Society of Hawaii

Web Site:<http://ppbds.org>

Name

Membership No _____

(Last Name)

(First Name)

(Signature)

Membership No _____

(Last Name)

(First Name)

(Signature)

Address

(Number & Street)

(City)

(State)

(Zip Code)

Phone

E-Mail

Annual Membership: \$10.00 per person (Calendar Year • Jan – Dec) _____ x \$10.00 _____ = \$ _____

Dance Classes: @ \$10.00 per person for each class session _____ x \$10.00 _____ = \$ _____

Check# _____ Amount \$ _____ Cash \$ _____ TOTAL \$ _____

In consideration of your acceptance of my registration, I do hereby, my heirs, executors, and administrators waive, release, and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me against the City and County of Honolulu, Department of Recreation, or the Pan Pacific Ballroom Dance Society of Hawaii, or their respective officers, agents, representatives, successors, and/or assigns, for any and all damages which may be sustained and suffered by me or my children in connection with my membership, or registration in the classes or which may arise out of my traveling to participate in and returning from such classes.

Date _____

2018 Membership _____

Dance Class/Term _____

Dance Class/Term _____

Dance Class/Term _____