



VSU Dance Marathon 2010

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Dancer Registration Form

Name: _____ VSU Status: _____

Organization: _____

Local Address: _____

Local Telephone #: _____ Cell #: _____

E-mail: _____

I understand that I have volunteered under my own will to raise awareness and to increase funds for the Shands Children's Hospital of Gainesville, FL by participating in Dance Marathon 2010 at Valdosta State University. I understand that by completing this form I am pledging to raise \$100 for the Children's Miracle Network and to dance or remain standing during the 15-hour Dance Marathon event on campus.

Dancer's signature: _____

★For Official Use Only:	Notes:
\$10.00 registration fee _____	
\$100 donation requirement _____	
★Organization: _____	
★Points earned: _____	Chair Signature: _____