Polish National Alliance

DANCE / CHORAL GROUP

REGISTRATION FORM

1. **Name of the Dance / Choral Group** .....

2. **Mailing Address** .....
Street address City State Zip

3. **Telephone #:** ..... **Email:** .....

4. **Make check payable to:** .....

5. **PNA Lodge:** ..... **PNA Council:** ..... **PNA District:** .....

6. **Day and time classes are held:**

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7. **Classes are heldat:** .....
Street address City State Zip

8. **Total Members:** ..... **Female Members:** ..... **Male Members:** .....

9. **Number of appearances per quarter:** .....
To receive a subsidy, one appearance per quarter is required.

10. **List all appearances, places and dates**

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Artistic Director/Instructor: .....
Mailing Address .....
Street address City State Zip
Telephone #: ..... **Email:** .....

President: .....
Mailing Address .....
Street address City State Zip
Telephone #: ..... **Email:** .....

Financial Secretary: .....
Mailing Address .....
Street address City State Zip
Telephone #: ..... **Email:** .....