

Miss Office Niteclub Registration Form

Stage Name:

Legal Name:

Address:

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address:

Date of Birth: _____ Age: _____

My Talent is (check all that apply): Live _____ Dancing _____ Lip Sync _____ Other _____

If other, please explain:

Backup Dancers: Yes _____ No _____ If Yes, # of Dancers: _____