



Association for Habilitation and Residential Care

2900 Veterans Memorial Hwy, Bohemia, NY 11716
Phone: (631) 585-0100
www.ahrcsuffolk.org

DANCE ADMISSION FORM
(one form per attendee)

COMPLETION OF THIS FORM IS MANDATORY FOR PARTICIPATION IN THE LEISURE ACTIVITY DANCE

THIS FORM MUST BE BROUGHT TO THE DANCE IN ORDER TO BE ADMITTED

Name of Individual: _____

Address: _____

Please check one: ____ lives at home ____ lives in residence

Telephone: _____

Does individual require medication/medical testing? ____ No ____ Yes

Name of chaperone responsible for administering medication/testing:

(Chaperone must be in building and accessible at all times)

PERSON RESPONSIBLE FOR TRANSPORTATION
TO/FROM DANCE

Name: _____

Telephone numbers: Home # (____) _____

Cell phone # (____) _____

Will remain at dance

Emergency Contact:

(must be available by phone between 7:00pm and 9:00pm for emergency pick up if needed)

Same as above See name below

Name: _____

Telephone numbers: Home # (____) _____

Cell phone # (____) _____