



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 # (\_\_\_\_) \_\_\_\_\_