

DODREAM LA (Youth Samulnori Team) APPLICATION 두드림 LA(청소년 사물놀이 팀) 가입 신청서

Student Name(한글)			· · · · · · · · · · · · · · · · · · ·	
Student Name(English):				
School:			Grade:	
Date Of Birth:	Age:	Male	Female	
e-mail(Student):				
e-mail (Parent):				
Cell Phone # (Student):				
Cell Phone # (Parent):				
Parent Name:				
Address:				
Emergency Contact(비상 연락처) I	Name:			
Phone Number:				
Relationship:				
Ap	oplicant Agreer	nent		
I understand that in signing this applicat representative from any liability in case regulation(By-Law) of the "DODREAM". true and correct.	of accidents. I	agree to comply	y with the rules and	rm is
Applicant Signature (Student):**Parent Signature required if applica	ant is minor	Date:		
Parent Signature:		Date:		