

Dancer Registration Form

Dancer's Name: _____ Birthday: _____

Guardian: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Mailing Address: _____

E-Mail Address: _____

Emergency Contact: _____ Phone: _____

How did you hear about us? _____

If referred by a friend, include friend's name: _____

*****For Use Of Office Staff*****

Enroll In the Following Classes: _____

Total Hours: _____ Monthly Tuition Rate: _____

Registration Completed By: _____