



Registration Form

Student's name: _____

Parent(s) names: _____

Address and Zip code: _____

Telephone: # _____ Cell #: _____

E-mail address: _____

Age: _____ D.O.B. _____

Number of years in dance: _____

OFFICE USE ONLY

DATE OF REGISTRATION: _____

CLASS: _____

Registration Fee: \$15.00

1st Month:

2nd Month:

3rd Month:

Costume Deposit: \$25.00/\$75.00 team

Total:

PAYMENT CASH: CHECK: VISA/MASTERCARD/DISCOVER

