



Registration Form

Please print legibly!

Child's Name(s) _____ Birth date _____
_____ Birth date _____
_____ Birth date _____

Parent's Name _____

Mailing address _____

City, State, Zip _____

E-mail address _____

Phone # _____

Emergency Phone _____

Instructor(s) _____

Registration fee \$30.00 Check Cash (circle one) *One fee per family

Medical Release (see reverse side) ___ Yes No (circle one) *One medical
release per student

Please attach check or cash and include a medical release form for each student (available at open registration). If registration fee was pre-paid, please indicate to which instructor.

Thanks for dancing with us!!