



Registration Form

Please print legibly!

Child's Name(s) _____ Birthdate _____

_____ Birthdate _____

_____ Birthdate _____

Parent's Name _____

Mailing address _____

City, State, Zip _____

E-mail address _____

Phone # _____

Emergency Phone _____

Instructor(s) _____

Registration fee \$30.00 attached? Check Cash (circle one)

*One fee per family. If previously paid, please indicate to whom.

Medical Release filled out? Located on the BACK

Yes No (circle one) *One medical release per student.

Thanks for dancing with us!!