MK STUDIO

Grow, Learn Inspire

6 week Burlesque Registration Form

At MK Studio, we take pride in offering a personalized and supportive experience for every adult dancer in our boutique setting. Our instructors are certified professionals who bring expertise, encouragement, and a fun, empowering atmosphere to every class. This 6-week burlesque program is designed to help you build confidence, get fit, and unleash your inner performer—no experience required!

We foster a welcoming and judgment-free environment, with zero tolerance for body shaming or negativity. Our goal is to help you feel strong, confident, and inspired, while having a fabulous time exploring movement, expression, and self-love. Join us and discover the thrill of performing, the joy of connection, and the empowerment of embracing your unique style in a fun and supportive community!

Director; Miss Kate Co...

8 Elizabeth Walk, Elliot Lake, ON | 43 Park Road, Blind River, ON

(705) 261- 1545 | info@dancemks.com

www.dancemks.com

@mkstudio2018 | IG, FB & TikTok

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Participants Information:	4
First & Last Name:	
<u>/</u>	Age:
DOB:	Gender:
Full Home Address:	
Phone Number (preferably cell) #:	Est. 2018
Email:	
MK SIL	
Emergency Contact:	
• Name:	
Relationship:	INS,
Phone Number:	

Class choice: (cr	leck one)				
Monday's	5:00PM - 6:00PM _		(Jan 5th, 12th,	, 19th, 26th, Fe	eb 2nd, 9th)
Wednesday's	8:00PM - 9:00PM _		(Jan 7th, 14th,	21st, 28th, Fel	b 4th, 11th)
Class & Paymen	t Details:				
• Class: 6-Wee	ek Women's Burlesqu	ue (Jan 5 – I	Feb 11, 2026)		
• Fee: \$175 pe	r adult				
• Payment Me	ethod: E-Transfer to	info@dance	mks.com		
• Payment Du	e: Before December	31st, 2025 t	o secure your	· spot	018
Medical/Health	Information:				
	ny medical condition	ns, allergies,	, or injuries tl	nat we should	l be aware
of:					
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				12,	
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Liability Waiver & Disclaimer:

I, the undersigned, acknowledge that participation in dance classes carries the risk of injury. I voluntarily assume all risks associated with participation. I release MK Studio, its owners, instructors, and staff from any liability for injury, loss, or damage arising from participation in the class. I certify that I am physically fit to participate.

•	Signature:	
•	Date:	

Photo/Video Consent (Optional):

I consent to photos or videos of me being taken during class for promotional purposes.

• I I LES I I NO	•	\Box	Yes	\Box	No
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Return Completed Form & Payment to:

Email: info@dancemks.com

Deadline: December 31st, 2025

Director; Miss Kate Collett

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