

DANCE TO WIN/DANCE 2 WIN PROGRAM

with Maryna Turturika

www.Dance2Win.ca

Registration Form

Student's Last Name: _____ Student's First Name: _____

Student's Date of Birth: _____ (day) _____ (month) _____ year

Address (incl. postal code): _____

Mother's Name: _____ Mother's Phone #: _____

Father's Name: _____ Father's Phone #: _____

D2W Can contact me at the following email: _____

Program: _____ Days: _____ Time: _____

of hours/week _____

Payment amount: _____ Method of Payment: _____

Student's prior ballet/dance experience:

Print Name of Parent signing

Date

Signature of Parent

To be completed by Dance2Win

Date Liability Release form signed by parent: _____

Date Dance2Win Policies given to parent: _____