



Dancer's Last Name

Registration Form

Annual Registration Fee is **\$25** per dancer (non-refundable)

Parent(s)/Guardian Name: _____

Phone #: _____ Email: _____

Address: _____

City _____ State _____ Zip _____

EMERGENCY CONTACT INFORMATION

Name/Relationship to Student: _____

Phone #: _____ Email: _____

Address: _____

City _____ State _____ Zip _____

Please circle your class choice(s)

Dancer #1: _____ Age: _____ Birthdate: ____/____/____

TAP (3 and up) **JAZZ** (3 and up) **BALLET** (3 and up) **HIP HOP** (6 and up) **LYRICAL/CONTEMPORARY** (9 and up)

Dancer #2: _____ Age: _____ Birthdate: ____/____/____

TAP (3 and up) **JAZZ** (3 and up) **BALLET** (3 and up) **HIP HOP** (6 and up) **LYRICAL/CONTEMPORARY** (9 and up)

Dancer #3: _____ Age: _____ Birthdate: ____/____/____

TAP (3 and up) **JAZZ** (3 and up) **BALLET** (3 and up) **HIP HOP** (6 and up) **LYRICAL/CONTEMPORARY** (9 and up)

Any medical conditions/concerns we should be aware of:

For Office Use Only:

Date: _____ Paid: _____