TDC
The Dance Complex

_____
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:**_____