

Student Name (Last, First):

## **Class Registration**

\*\*DOWNLOAD FULL MESSAGE IF VIEWING ON PHONE/TABLET\*\*

Date of Birth:

This form has been filled out for you based on the information we have on file. Please review and complete.

Forms can be emailed to danceexpressoftolland@gmail.com or mailed to Dance Express of Tolland, LLC 68 Hartford Turnpike, Tolland CT 06084

## **INVOICES WILL BE EMAILED TO YOU**

Rates are published in print, at the studio, and online at www.danceexpress5678.com

PAYMENTS MUST BE RECEIVED ON/BEFORE THE DUE DATE ON ANY INVOICE IN ORDER TO PARTICIPATE IN CLASS AND/OR AVOID ADDITIONAL FEES.

Parent/Guardi Address: Town: Best Phone: Best Email:	n: State: Zip Code: Phone:		Age (as of 12/31/23): Trophy Year? (Y/N): Senior? (Y/N)				
	CLASS		LEVEL	DAY	TIME STAF	TIME START / END	
Additional Registrants? No Yes If Yes, how many?							
Competing/Company Registrants must read and adhere to policies in the <b>Competition Information Packet</b> and <b>ALL</b> Dance Express Registrants must read and adhere to the <b>Studio Information &amp; Policies</b> . Registering for any class is considered acceptance of these policies. A 5-person minimum is required to hold a class. Please refer to the latest class schedule posted on our website prior to registering.							

## **Dance Express of Tolland, LLC**

68 Hartford Tpke. Tolland, CT 06084 860-871-1922

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