Class Registration

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

Please fill out one form for **each** student

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/Guardian Last Name(s): **Street Address:**

Parent/Guardian First Name(s): **Town:** **Zip:**

Best Phone: **Best Email:**

Student Last Name: **Date of Birth:**

Student First Name: **Age (as of 12/31):**

Consecutive Years of Dance *Completed*: **Trophy Year?** **Senior? _____**

CLASS	LEVEL	DAY	TIME (START / END)	

Additional Registrants? No☐ Yes☐ If Yes, how many? ____

Competing/Company Registrants must read and adhere to policies in the **Competition Information Packet** and **ALL** Dance Express Registrants must read and adhere to the **Studio Information & Policies**. 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

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