

Office Use Only

Last name _____ First name _____ Sibling yes/no _____

DTG Fall Registration Form 2020

Student's Name _____

Age _____

Yrs. of Experience _____

Class	Day	Time

Parents' Names _____

Address _____

Phone (h) _____ Mom (c) _____

Mom (w) _____ Dad (c) _____

Dad (w) _____ Email _____

Enter the following information if you would like your credit card to be charged for monthly payments (surcharge \$2.75 will be added)

Credit Card Number: _____

Exp. Date: _____ CVV(card ver. Code) _____

Card holder's name: _____

Signature: _____

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Monthly Tuition _____ Reg. Fee _____ Date _____

Check#/Amt. _____ Reg. Fee \$15 (\$20 for 2 or more dancers)