Lorrie Fraley-Wilson's
School of Dance

595 Twisp Winthrop Eastside Road
Winthrop, Washington 98862
LFWSchoolofDance.com
(509) 996-2544

REGISTRATION FORM

Date_____ **Twisp** _____ **Omak**_____ **North** _____

Student's Name(s) _____

Birth Date(s) _____ **Age(s)**_____

E-Mail_____ **Cell Phone** _____

Mother's Name _____ **Father's Name** _____

Billing Address _____ **City** _____ **Zip** _____

Home Phone_____ **Work** _____ **Cell**_____

Emergency Contact _____ **Emergency Phone**_____

WAIVER OF LIABILITY & AGREEMENT TO PAY DANCE FEES

I agree that I will not hold Lorrie Fraley-Wilson's School of Dance, or any faculty member or employee liable for inuries sustained or illnesses contracted by my child or myself while a student of Lorrie Fraley-Wilson's School of Dance.

I understand that I am responsible for the full tuition of the time period for which I am registering.

SIGN: _____
Signature of person responsible for payment of dance fees. Date

			(Quarter)			(Payment Type)					
Class/Student	**Reg.**	**Costume**	**F**	**W**	**S**	**M**	**S**	**Y**	**Cost/ Session**	**Discount/ Session**	**Total**