

COFFEY DANCE CENTER - REGISTRATION 2024/2025

DANCER _____ DOB _____ GRADE SEPT 24 _____
(print FULL name clearly)

MAILING ADDRESS: _____ YEARS OF DANCE _____

PARENT/GUARDIAN #1 _____ CELL # _____

EMAIL
ADDRESS _____

PARENT/GUARDIAN #2 _____ CELL # _____

EMAIL
ADDRESS _____

IF RETURNING DANCER, PLEASE NOTE CLASS NAME OR TEAM NAME:
Do you want weekdays or Saturdays?

Thank you for registering and sharing your child with us! We are looking forward to another wonderful season of dance! Season #62