

Dance Company Summer Registration Form

Student's Last Name _____ Student's First Name _____

Students Birth Date _____ Student's Grade _____ Parent's Names _____

Daytime Phone Number _____ Evening Phone _____

Street Address _____ City _____ Zip _____

Email Address: _____

Class Day and Time

Session: (Circle one) 3 Week A 3 Week B 2 Week A 2 Week B 2 Week C

Combination: _____

Ballet: _____

Jazz: _____

Tap: _____

Contemp. Jazz: _____

Lyrical: _____

Hip Hop: _____

Poms: _____

Stretch Turn & Leap: _____

Pointe: _____

Modern: _____

Total Tuition: _____

Pd: Cash / Check _____

Date Paid: _____