



## DANCELINE ACADEMY - FREDERICKSBURG CAMPUS

Complete and return with payment to: Danceline USA, C/O Danceline Academy, PO BOX 2567, Fredericksburg, TX 78624. Make checks payable to: Danceline.

### DANCERS INFORMATION

**Name**

\_\_\_\_\_  
First Name                      Last Name

**Age**

\_\_\_\_\_

**Grade Going Into**

\_\_\_\_\_

**Years of Dance Training**

\_\_\_\_\_

**Dance Skill Level**

**Select Top 3 things to  
Gain From This Class**

Flexibility

Technique

Performance Skills

Leadership

Audition Confidence

Dance Team Etiquette

**Please List Any Health  
Restrictions or Needs**

\_\_\_\_\_

### GUARDIANS INFORMATION

**Name**

\_\_\_\_\_  
First Name                      Last Name

**Phone Number**

\_\_\_\_\_  
Area                      Phone Number  
Code

**E-mail**

\_\_\_\_\_

**Address**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                                      State / Province

\_\_\_\_\_  
Postal / Zip Code

**Best Time To Reach You?**

\_\_\_\_\_

**How Did You Hear  
About Us?**

\_\_\_\_\_