

SUMMER INTENSIVE JULY 10-14, 2017

Registration/Enrollment FORM

Student INFORMATION

Name: _____
Last First M.I.

Date of Birth: ____ / ____ / ____ Age at Registration: ____ Grade: ____ Female ____ Male: ____
Month Date Year

Address: _____
Street Address City State Postal Code

Best Family Email: (please print clearly) _____

Years of Dance Training: _____ Types of dance studied: _____

Current Dance School: _____ Instructor's Name: _____

No. of classes a week: _____ Level: _____

Mother's Name: _____ (please print)

Mobile Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Father's Name: _____ (please print)

Mobile Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Guardian: _____ (please print)

Email Address: _____ (please print clearly)

Mobile Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

EMERGENCY Contact In case of emergency, call: (please print clearly)

Name: _____ Relationship _____

Mobile Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

PLEASE list any health concerns, allergies or pre-existing injuries, if applicable: _____

For OFFICE USE only:

Registration PAID _____ Payment method: _____

Total PAID _____ received by: _____