

Love of ance

Registration Form/Student Information

1. Name of Student: _____ DOB: _____

2. Name of Student: _____ DOB: _____

Age if under 18: _____ Grade Level if in School: _____

Parent or Guardian Name: _____

1. E-mail Address: _____

2. E-mail Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home: (____) _____ - _____ Cell: (____) _____ - _____

In Case of emergency call:

Name: _____

Home: (____) _____ - _____ Cell: (____) _____ - _____

List Dance Training: _____

Where: _____ Number of years: _____

List any physical limitations: _____

Injuries: _____

How did you hear about us? (Please check)

Website: ___ Friend ___ Driving By ___ Phone Book ___ Other: _____

Session: Start Date: _____ End Date: _____

Toddler (2- 4 years) _____ Child (5 -8) Pre-Teen (9-12) _____ Teen (13-17) Adult (18+) _____

Dances that you are Interested In: Private Lessons Group Lessons
 Salsa Cha Cha Rumba Shag East Coast Swing Waltz
 Foxtrot Hip Hop/Jazz Line Dance Beginning Yoga Contemporary
 Country Two Step Other _____

: Monday Tuesday Wednesday Thursday Friday Saturday

Times that you are available: _____

