

ADULT FALL REGISTRATION FORM

NAME (last) _____ (first) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ EMAIL _____

BIRTHDAY ___/___/___ AGE (Sept 09) _____

HOME PHONE # _____ CELL: _____

WORK PH. _____ EXT _____

PLEASE LIST DAY, CLASS AND INSTRUCTOR FROM 2008/2009 DANCE YEAR

DAY _____ CLASS _____ TIME _____ INSTRUCTOR _____

DAY _____ CLASS _____ TIME _____ INSTRUCTOR _____

DAY _____ CLASS _____ TIME _____ INSTRUCTOR _____

DAY _____ CLASS _____ TIME _____ INSTRUCTOR _____

PLEASE CHECK CLASS (ES) OF INTEREST FOR 2009/2010 DANCE YEAR:

BALLET _____ TAP _____ JAZZ _____ YOGA _____

MODERN _____ ZUMBA _____ HIP HOP _____ BALLROOM _____

AFRICAN _____

PLEASE LIST DAY & TIME PREFERENCE:

1ST _____ 2ND _____ 3RD _____

**** WE CANNOT GUARANTEE TO ACCOMMODATE EVERYONE WITH THEIR PREFERRED DAY & TIME DUE TO TEACHER AND ROOM AVAILABILITY. WE WILL DO OUR BEST—THANK YOU IN ADVANCE FOR YOUR UNDERSTANDING****

COMMENTS: _____

OFFICE USE ONLY:

Security Deposit \$ _____ Cash _____ Check # _____ Date paid _____ Initials _____

Registration Fee \$ _____ Cash _____ Check # _____ Date paid _____ Initials _____

Changes to Registration Book _____ Initials _____

Hi-light in Registration Book _____ Initials _____

Fee card: _____ Computer _____