

Latisha Welch Daniel

Dance Dynamics

2009-2010
REGISTRATION FORM

Name: _____

Address: _____

City/State/Zip: _____

Parent/Guardian: _____

Phone: _____ Cell Phone: _____

DOB: _____ Age: _____ Grade: _____ Email: _____

Years of Dance Experience: _____ (How many years have you taken Dance)

Previous Dance School(s): _____

*****FOR OFFICE USE ONLY*** Please do not write below**

Class Schedule

DAY: _____ TIME: _____ CLASS: _____

Registration Fee: \$ _____

Monthly Tuition: \$ _____

Semester Tuition: \$ _____

TOTAL DUE: \$ _____

Cash _____ Check# _____ Credit Card Conf. # _____
