

REGISTRATION FORM

PLEASE FILL OUT COMPLETELY:

Today's Date _____

New Student Returning Student Any Address/Data Changes

STUDENT'S

NAME _____ DOB ___/___/___ AGE _____ GRADE _____

PARENTS or Guardians NAMES _____

MAILING ADDRESS

STREET _____ TOWN _____ ZIP _____

HOME PHONE _____ CELL _____ WORK/Other _____

EMAIL _____

EMERGENCY MEDICAL RELEASE & POLICY AGREEMENT FORM signed and returned

1.CLASS _____ DAY _____ TIME _____ LENGTH _____

2.CLASS _____ DAY _____ TIME _____ LENGTH _____

3.CLASS _____ DAY _____ TIME _____ LENGTH _____

DATE	DESCRIPTION	CHARGES	PAYMENT	BALANCE

How did you hear about Dance Dimensions?

- Newspaper advertisement: which? _____
- Newspaper article
- Posted flier
- Flier at home
- Mailing received
- Word of mouth
- Referral: Who? _____

THANK YOU FOR TAKING PART IN DANCE DIMENSIONS CLASSES.
SO WE CAN BETTER SERVICE YOU, PLEASE BE SURE TO FAMILIARIZE
YOURSELF WITH OUR POLICIES.

WE WELCOME YOUR COMMENTS AND SUGGESTIONS;
SPEAK TO SALLEE OR YOUR INSTRUCTOR AT ANY CONVENIENT TIME.