
Dance Registration Form PDF

Dance Program Registration

Please complete the form below. Check all that apply.

- Ballet
- Jazz
- Hip-Hop
- Contemporary
- Tap
- Folk
- Other: _____

Personal Information

Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email: _____

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Previous Dance Experience (if any)

- None
- 1-2 years
- 3-5 years
- 6+ years

Specify styles and level: _____

Preferred Class Schedule

Day	Time	Style	Level

Payment Information

- Cash
- Check (Payable to: _____)
- Credit/Debit Card

Card Number: _____

Expiration Date: _____ CVV: _____

Signature: _____

Date: _____