



\*\*\*Please Print Clearly\*\*\*

## Registration Form 2014-2015

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

Email Address: \_\_\_\_\_

**In Case of Emergency** \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Relation: \_\_\_\_\_

List Dance Training Studied: \_\_\_\_\_

Years of Experience: \_\_\_\_ Source of Referral: website \_\_ friend \_\_ yellow pages \_\_ other \_\_\_\_\_

**\*\*\*Please check all classes desired\*\*\* (Final Placement Will Be At Discretion Of Director)**

- |  |   |
|--|---|
| <input type="checkbox"/> Ballet<br><input type="checkbox"/> Lyrical<br><input type="checkbox"/> Jazz<br><input type="checkbox"/> Pointe<br><input type="checkbox"/> Hip Hop<br><input type="checkbox"/> Pre School Creative Movement<br><input type="checkbox"/> Tap<br><input type="checkbox"/> Ballet/Jazz/Intro Hip Hop<br><input type="checkbox"/> Competition Class<br><input type="checkbox"/> Adult Tap/Jazz<br><input type="checkbox"/> Special Needs Dance Movement "Super Stars" | Day & Time _____<br>_____<br>_____<br>_____<br>_____<br>_____ |
|--|---|

Class space is reserved. Therefore no refunds or credits can be given for missed or dropped classes. Registration fee, deposits or tuition will not be refunded.

The parent or adult student signing this release acknowledges Glen Roc Dance Shoppe policies. Person signing this form is responsible for payment of registration fee of \$25.00 plus monthly tuition.

Registration Fee: \$ \_\_\_\_\_ is enclosed. Check # \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_  
 Parent or Guardian Signature/Adult Student Signature Date