



Summer Dance 2016 Registration Form

Name: _____ D.O.B.: _____
 Parent(s) Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: Home: _____ Cell: _____
 E-mail: _____

Please check all weeks that you will be attending Summer Dance 2015

Week 1	July 11- July 15	
Week 2	July 18 - July 22	
Week 3	July 25 - July 29	
Week 4	August 1 - August 5	
Week 5	August 8 - August 12	
Week 6	August 15 - August 19	
Week 7	August 22 - August 26	

Class Level: _____

Total # of Weeks: _____

Tuition: \$ _____

\$20.00 Registration Fee (if applicable): \$ _____

Total: \$ _____

Method of Payment:

Cash _____

Check # _____

Master Card/Visa _____

Parent's Signature: _____ Date: _____