

Student Name \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (10 digits) \_\_\_\_\_ CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

PARENTS (Guardian) NAME \_\_\_\_\_

E-MAIL \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY:

\_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

(OVER)

THE DANCE SHOPPE

REGISTRATION FORM

602 866-1587

Todays Date \_\_\_\_\_

|       |      |
|-------|------|
| class | date |
|-------|------|