

SUMMIT DANCE SHOPPE RECREATIONAL CLASS REGISTRATION FORM

Please fill out and return with \$15.00 registration fee and September tuition

Dancer's Name: _____ Age: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Home Phone: (_____) _____ School: _____ Grade: _____

Parent's Name(s): MOM _____ Work Phone: _____ Cell Phone: _____

DA D _____ Work Phone: _____ Cell Phone: _____

Special needs, Illnesses, Allergies we should know about: _____

EMAIL _____ Good way to get information to you? _____ # of years @ Summit or Dance Shoppe _____

PLEASE REGISTER ME FOR THE FOLLOWING CLASSES:

DAY _____ TIME _____ AGE/LEVEL _____ Fernbrook or Wayzata
Circle one

IF FULL, MY SECOND CHOICE IS:

DAY _____ TIME _____ AGE/LEVEL _____ Fernbrook or Wayzata
Circle one

Registration Fee _____ September tuition _____ Date Received _____ Cash/Check # _____