

# DANCE WITH STACEY

## SPRING SESSION 2009

### REGISTRATION FORM

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

PARENT NAME \_\_\_\_\_ HOME# \_\_\_\_\_

ADDRESS \_\_\_\_\_ WORK# \_\_\_\_\_

CITY/ZIP \_\_\_\_\_ CELL# \_\_\_\_\_

WHAT OTHER DANCE OR MOVEMENT CLASS HAS THE STUDENT BEEN INVOLVED WITH RECENTLY?

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DOES THE STUDENT HAVE ANY MENTAL OR PHYSICAL DEFICIENCY THAT THE INSTRUCTOR SHOULD KNOW ABOUT IN ORDER TO GIVE PROPER INSTRUCTION?

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#### CLASSES TO BE ENROLLED IN:

DAY \_\_\_\_\_ SAT. \_\_\_\_\_ TIME \_\_\_\_\_

AGE GROUP \_\_\_\_\_ TYPE \_\_\_\_\_ COMBO \_\_\_\_\_

#### SPRING SESSION PAYMENT OPTIONS:

OPTION 1. PAY IN FULL \$ 120.00 ck# \_\_\_\_\_

OPTIONS 2. PYMY 1 \$ 75 CK# \_\_\_\_\_  
PYMT. 2 (BY MAR. 14TH) \$ 50.Ck# \_\_\_\_\_