2024 DANCE WITH STACEY Spring Session REGISTRATION FORM

NAME		_ AGEBIF	RTHDATE
1 ST PARENT NAMEEMAIL:		CELL# WORK#	
2 ND PAREI	NT NAME	CE	LL#
EMAIL:		WORK#	
ADDRESSCITY/ZIP			
INVOLVED	HER DANCE OR MOVEMENT WITH RECENTLY BESIDES TO BE ENI	"DWS"?	
<u> </u>	LAGGEG TO BE EIT	NOLLED IIII	
	Type Ballet, Tap, Tumbling	TEACHER Ms. Adr/Ms. Mak	
5-7yrs	Ballet, Jazz, Tap, Tumbling	Ms. Adr/Ms.Mak	5:45- 6:30pm
7-9yrs	Ballet, Jazz, Tap, Tumbling	Ms. Kenzie	5:30-6:15pm
PAYMFI	NT OPTIONS:		
	scounted) for 8 weeks.	Payment	
_	AND \$ 75 BY March 8 th .	1 ST PAYMENT	