## Dance Co registration form

student/Family Last Name Stu		Student Fi	tudent First Name:		
Credit Card Authorize	ation (opt)	-		By signing Below, you are authorizing	
Credit Card #				The Dance Co. to automatically collect tuition	
		CVC Code	#	on the 1st of each month or specified date.	
*Authorized Signature					
Parent/Guardian Nan	ne(s)				
Mailing Address:					
City: Zip:					
Cell Phone:			Alt. Cell Phone		
Home Phone:			Alt. Home Phone		
Place of Business:			Alt Place of Business:		
Work Phone:			Alt. Work Phone:		
E-Mail:			Alt. E-Mail:		
How did you hear about us? (If from a friend , list their name):					
competition fees, or any the body, and carry with behalf of my child or war any injuries or accidents		that dancing a njury and that nce Co., its em the above des	nd the excer I assume the ployees, age scribed activi	cises associated with it part of risk, (or if student is a r onts, officers, directors, or ities or any activites relat	lace unusual stresses on minor, I assume the risk on successors responsible for red thereto whether they
Signature of Parent or Guardian: Date:					
Student Name:			Birthday:	X	Cell Phone:
School:			Grade:		Year Started Here:
Dance Experience:					
Student Name:			Birthday:		Cell Phone:
School:			Grade:		Year Started Here:
Dance Experience:					
Student Name:			Birthday:		Cell Phone:
School:			Grade:		Year Started Here:
Dance Experience:					
Student Name:			Birthday:		Cell Phone:
School:			Grade:		Year Started Here:
Dance Experience:					- Visit His III
Registration Fee					
Tuition/ AFC			115-115-111		
Company Fee					
Total Due					
Ck #/ Cash, C/C					
Date Paid					
Receipt #					
Notes:	9				