

Registration Form

20-- - 20-- Season

* * *

Name _____ Telephone _____

Home Address _____

City _____ Province _____ Postal Code _____

Date of Birth _____ Academic School _____

Previous Dance School _____

Method / Level Studied _____ Last Exam Passed _____

E-mail Address _____

Classes Applied:

Class	Day	Time	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total hrs/w _____ Fee/mo \$ _____ Term 1 \$ _____ Term 2 \$ _____ Term 3 \$ _____

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Reg. Date _____ Reg. Fee \$ _____ Locker Deposit \$ _____

Parent's / Guardian's Name _____

Date _____ Signature _____