



~ SUMMER REGISTRATION FORM ~

(PLEASE FILL OUT COMPLETELY)

STUDENT NAME: _____ DATE OF BIRTH: _____

AGE (As of June 1, 2009): _____ SCHOOL: _____ GRADE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STUDENT EMAIL ADDRESS (for rehearsal info, fundraising events, etc) _____

PARENT 1 NAME: _____ HOME PHONE: _____

WORK PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____ Use Parent 1 as billing name? Yes or No

PARENT 2 NAME: _____ HOME PHONE: _____

WORK PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____ Use Parent 2 as billing name? Yes or No

PLEASE FILL IN THE WEEKS YOU WISH TO ATTEND CLASS: (Schedule on reverse side)

TUITION PAYMENT

CHECK ENCLOSED FOR \$ _____ **
PLEASE SEND PAYMENTS TO THE FOLLOWING ADDRESS:

DANCE ARTS
95A MAINLINE DRIVE
WESTFIELD, MA 01085

SIGNATURE - PARENT

****PLEASE NOTE :**

REGISTRATION IS **NOT** COMPLETE WITHOUT A NON - REFUNDABLE DEPOSIT OF \$ **50.00** PER STUDENT

IF YOU WOULD LIKE US TO BE AWARE OF ANY MEDICAL CONDITIONS, PLEASE DESCRIBE BELOW:

PLEASE LET US KNOW HOW YOU HEARD ABOUT DANCE ARTS:

FRIEND/RELATIVE () NEWSPAPER** () WEBSITE () OTHER: _____

** IF SO, PLEASE INDICATE WHICH PUBLICATION: _____