

**SUMMIT DANCE SHOPPE RECREATIONAL CLASS
2024-2025 REGISTRATION FORM**

Please fill out and return with \$20.00 registration fee (non-refundable) and September tuition

Dancer's Name: _____ Age: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ School: _____ Grade: _____

Parent's Name(s): _____ Cell Phone: _____

_____ Cell Phone: _____

EMAIL: _____ Total # of years @ Summit Dance Shoppe: _____

Special needs, illnesses, allergies we should know about: _____

*Please initial here if you DO NOT want your child's image to be used on the Summit Dance Shoppe social media sites or other promotional materials _____ (initial here)

PLEASE REGISTER ME FOR THE FOLLOWING CLASSES:

DAY _____ TIME _____ AGE/LEVEL _____ TEACHER _____

IF FULL, MY SECOND CHOICE IS:

DAY _____ TIME _____ AGE/LEVEL _____ TEACHER _____

Registration Fee _____ September Tuition _____ Date Received _____ Cash/Check # _____