

**SUMMIT DANCE SHOPPE RECREATIONAL CLASS**

**2022-2023 REGISTRATION FORM**

Please fill out and return with \$15.00 registration fee 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 # \_\_\_\_\_