

Dance International

Registration Form

Please complete the entire form, sign and return with payment. All fees are non-refundable.

Student's Name: _____

Birthdate: _____ Age: _____

School: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Mother's Name _____ Work Phone: _____

Father's Name: _____ Work Phone: _____

Email Address (please print): _____

I understand and agree to pay in full the stated non-refundable and non-transferable tuition for the current session. I also agree to pay a \$25.00 fee for all returned checks.

Signature: _____ Date: _____

Signature: _____ Date: _____

(Parent or Guardian for students under 21)

_____ Check # (Make checks payable to Dance International)