

Student Enrollment Form

ANNUAL REGISTRATION FEE \$20.00 PER DANCER OR \$25.00 PER FAMILY.

(Not extended family)

Date: _____

Company: _____

Student Information

Last Name: _____ First Name: _____

Birth Date: _____ Age: _____

Medical Condition/Concerns _____

Parent/Guardian Information

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home: _____ Cell: _____

Work: _____ E-Mail Address: _____

Class Name	Weekday	Time	Hours	Price
TOALS:				

How did you hear about us? Yellow Pages__ Access__ At&T__

Activity Guide__ Paso Magazine__ Website__

Cupon Booklet__ Other__

Who can we Thank for Referring you to us: _____

AUTO PAY: Visa/Master Card #: _____

Exp Date: _____ CID #: _____

Cardholder Signature _____

Parent/Guardian Signature: _____ Date: _____

*Office Only Use Only: SD _____ RS _____