

Committed to DanceSport
Children's Group Lessons Registration Form

Personal Information:

Dancer's Name: _____ Dancer's Birth Date: _____ Age: _____

Parent/Guardian First and Last Name(s): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

City: _____ Zip Code: _____

Email: _____

Classes Registering For (Place X next to classes dancer is registering for):

1) Summer Session, Mondays 10:30 – 11:30 am: _____

2) Summer Session, Tuesdays 5:30 – 6:30 pm: _____

3) Summer Session, Thursdays 6:00 – 7:00 pm: _____

Payment Information:

Total Payment (1 class/wk = \$150, 2 classes/wk = \$275, 3 classes/wk = \$400):\$ _____

Please make checks payable to: Committed to DanceSport, Inc.

Mail completed registration form with payment to: Committed to DanceSport, Inc.
4030 Elm Street
Orono, MN 55356

Other Information:

How did you hear about the classes? Advertisement Web Site Friend Other: _____

I waive all liability of Committed to DanceSport, Inc. and it's instructors for injury of any type incurred while participating in classes or performances.

Signed (Parent or Legal Guardian)

Today's Date