

ACCOUNT INFORMATION

PLEASE FILL IN ALL REQUIRED INFORMATION
(procedural safeguards are maintained to guard your personal information)

Name of Person that Referred You _____

Billing Name (responsible for payments) _____

Billing Address: _____ City/State/Zip Code: _____

E-mail address: _____ Cell Phone # _____

Home Phone # _____ Work Phone # _____ Ext _____

Parent Name (if different from billing name) _____ Telephone# _____

Parent Address (if different from billing address) _____ City/State/Zip _____

Emergency Contact Person _____ Phone # _____

STUDENT INFORMATION

Student #1 Name _____ Address _____

City _____ State _____ Zip/Postal _____ Age _____ Birthdate _____

School _____ Grade _____ Dance Class(es) desired: _____

Student #2 Name _____ Address _____

City _____ State _____ Zip/Postal _____ Age _____ Birthdate _____

School _____ Grade _____ Dance Class desired: _____

Student #3 Name _____ Address _____

City _____ State _____ Zip/Postal _____ Age _____ Birthdate _____

School _____ Grade _____ Dance Class desired: _____

Student #4 Name _____ Address _____

City _____ State _____ Zip/Postal _____ Age _____ Birthdate _____

School _____ Grade _____ Dance Class desired: _____

I have carefully read the studio information guide and agree to the school policies, rules and payment terms.

Signature of Adult Responsible for Billing / /
Date

Signature of Parent/Legal Guardian / /
Date

