

Center For
SOCIALDANCE

Lessons • Special Events • Outreach

Registration Form

Student Information

Date: _____

Last Name First Name Birthdate / Age

Home Address City State Zip

Email Address Primary Secondary Phone

Allergies or Medical Conditions: _____

Emergency Contact Information

Last Name First Name Relation to Student

Cell Phone Home/Work Phone

Class and Payment Information

New Students: One-Time \$10 Non-Refundable Registration Fee

Adult Class, Day, Time: _____

Youth Outreach Class, Day, Time: _____

Package Type: _____

Registration Fees: _____

Total: _____

Payment Method

Cash: \$ _____ Check: \$ _____ Credit Card: \$ _____