

Dance Attitude Registration Form

STUDENT INFORMATION:

Last Name: _____ First Name: _____ Age/DOB: ____/____

Grade: _____ School: _____ Home Phone: _____ Cell: _____

Other Student Information (i.e. food allergies, etc.): _____

ACCOUNT HOLDER INFORMATION: (self, parent, guardian)

Last Name: _____ First Name(s): _____

Address: _____ City: _____ Zip: _____

Phone: _____ Alternate Contact Phone Numbers: _____

E-Mail Address: _____

Best way to contact me: (circle one) Email Cell Phone Home Phone

EMERGENCY CONTACT: Name: _____ Phone: _____

BILLING OPTIONS: (select one)

- Electronic Funds Transfer
- Credit/Debit Card - Visa or MasterCard
- Cash/Check

How did you hear about Dance Attitude: check all that apply

- Returning Student
- Direct Mail
- North Raleigh News
- Friend/Neighbor
- Other

CLASS SCHEDULE:

CLASS TITLE	CLASS DAY/TIME	TUITION RATE

TOTAL NUMBER OF HOURS: _____

MONTHLY TUITION: \$_____