

School Year _____ SDI _____ Outreach Program
Student Name: Last, First _____

Registration Form Inlet Dance Theatre Class Offerings

Date _____ Name of Student _____ Total Payment Amount Due \$ _____

Name of Parent/Guardian _____ Check # _____ Cash/Check Amount Paid _____
(circle one) **NO REFUNDS AVAILABLE**

Address _____ City _____ Zip _____ Male or Female _____

Phone # _____ Alternate # _____ Email _____

Student Age _____ Birth date _____ Grade _____ School Attending _____

Emergency Contact Name _____ Phone # _____ Relationship _____

Classes: (please list the day, title & time of the classes you're signing up for)

Ex. Monday Modern 1A 4:45

Previous dance experience _____

Comments (any disabilities, ailments, injuries, etc. that instructor should know) _____

How did you hear about Inlet Dance Theatre? _____
