

Academic Year _____

Student Name: Last, First _____

Registration Form: Inlet Dance Theatre Class Offerings

FOR OFFICE USE ONLY:	
Yearly Payment Due \$	_____
Amount Paid	\$ _____
Quarterly Payment Amt. \$	_____
Cash/Check	Check # _____

Date _____ Name of Student _____

Name of Parents/Guardians _____

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 I/II 4:45 _____

Previous dance experience

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

How did you hear about Inlet Dance Theatre? _____

