Dancers Workshop Summer Programs 2010 Registration Form

Student: _____
Last First Middle

Mailing Address: _____

Home Phone _____ Date of birth _____ Grade in September _____

Email address _____

Mothers name _____ Mothers Cell # _____

Fathers name _____ Fathers Cell # _____

Emergency Contact _____ Phone Number _____

Allergies or special concerns _____

Are you a new student to Dancers Workshop? Yes ___ No ____

Waiver: Have you completed and signed the Waiver Form? Yes ____ No ____

Class Description	Day/Time	Session	Fee
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Creative Movement/Tap -
Circle days: JUNE 1 3 8 10 15 17 22 24 @ $15/per day = _____

Registration fee for students <u>new</u> to Dancers Workshop 10.00

STAY DAY: (Please check appropriate line(s)

Session #_____; M____ T____ W____ Th____ F____ = # days x $30 = _____

All checks made out to "Dancers Workshop" **Total** **$ _____**

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www.dancersworkshop.org