

The Dance Center of Queensbury



Official School of the Adirondack Ballet Theater and Dynamic Dance Works

REGISTRATION FORM

NAME OF STUDENT							
AGE OF STUDENT							
MAILING ADDRESS						_	
E-MAIL ADDRESS(Invoices will be sent via e-mail t	to the address given a						
If you wish to receive pape							
PHONE #	EMERGE	NCY # (if different	<u>:</u>)				
PARENT/GUARDIAN_							
PLEASE INFORM US OF ANY M						_	
PREVIOUS DANCE TRAINING (new enrollments only) _					_	
HOW DID YOU HEAR ABOUT U CLASS (ES) STUDENT REGISTE	RING FOR:	_ _					
***********	*******		******	******	*****	*****	
Below is a consent form for any futu	ure studio/company pub	licity for parents to	complete.				
The following is an autho							
Queensbury, Inc.							
I hereby authorize the Dance Center advertising for the Dance Center of hereby release the Dance Center of My signature below is my express c	Queensbury, Inc. This Queensbury, Inc from a	includes print medi ny and all liability i	ia, the interring in connection	net and any or on with the us	her form of adve	ertisement.	
Parent's Signature	em is responsible for	Print Parent's Name s responsible for all payments due.		-	Date		
0	-	• •		****	*****	***	
Please send completed form to:	THE DANCE C 74 WARREN ST	**************************************					
THERE IS A ONE –TIME, NON – ACCOMPANY THIS FORM.	REFUNDABLE REGIS	STRATION FEE C)F \$12.00 F	OR NEW EN	ROLLMENTS T	ГО	