

DANCE CLASS SUMMER REGISTRATION FORM

STUDENTS NAME:

PARENTS NAME:

ADDRESS:

ZIP:

EMAIL:

CLASS DAY/TIME OR CAMP:

COMMENTS/INFO FOR US:

STUDIO WILL NOT BE HELD LIABLE FOR INJURY

PARENT SIGNATURE:

PLEASE MAIL TO DANCE CLASS

14344 SOUTH OUTER 40, CHESTERFIELD 63017, OR

2100 BELLEVUE AVE, MAPLEWOOD, MO 63143

KIM'S CELL IS 314-435-8688

THANK YOU, KIM