

# Summer Registration

Registration form may be returned to the studio or mailed to

1019 Main St.  
Buda, TX 78610

1) Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

2) Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other phones, pager, etc. \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Pertinent Medical Information: \_\_\_\_\_

If someone other than parents:

Person(s) responsible for tuition: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

What year did you begin dancing at Dance Unlimited? \_\_\_\_\_ This will be your \_\_\_\_\_ year in dance.

How did you find out about our dance studio? \_\_\_\_\_

\*\*\*\*\*

I have read and hereby agree to abide by the policies of Dance Unlimited.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian of: \_\_\_\_\_

Registration fee: Paid \$ \_\_\_\_\_ Cash or Check # \_\_\_\_\_ Date \_\_\_\_\_

\$5.00 for Students not enrolled in Fall/Spring 2009

EFT users: \$ \_\_\_\_\_ on day of registration \$ \_\_\_\_\_ on July 8

Authorized signature \_\_\_\_\_

Paid for: Full Summer \_\_\_\_\_ Half Summer \_\_\_\_\_ Dancewear \_\_\_\_\_

1) Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_  
Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

2) Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_  
Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Student # \_\_\_\_\_/Family # \_\_\_\_\_