

Fall/Spring 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, 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: \$20 for student/\$28 for family _____ initial to EFT that amount

Paid \$ _____ Cash or Check # _____ Date _____

Paid for: _____

Electronic Funds Transfer Clients: (to sign up please fill out a blue form)

_____ continue EFT for the 2009-10 dance year at \$ _____/month

_____ discontinue EFT for the 2009-10 dance year

Authorized signature for EFT _____

1) Class: _____ Day: _____ Time: _____
Class: _____ Day: _____ Time: _____

2) Class: _____ Day: _____ Time: _____
Class: _____ Day: _____ Time: _____

Student # _____/Family # _____