

DRIVEN 2 DANCE
REGISTRATION FORM

Student _____ Age _____ DoB _____

Parents Names _____

Home Phone _____ Cell _____

Address _____

Email (if changed) _____

Emergency Contact & Phone # _____

Allergies _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Tuition.....\$ _____

Registration Fee.....\$ **35.00 (per family)**

Total Amount Due...\$ _____

I understand that tuition is due twice a year and agree to pay my tuition on time for both first and second semester.

* See policy letter for tuition due dates.

For office use only:

Sem. I-Date _____ Amount _____ Check # _____

Sem. II-Date _____ Amount _____ Check # _____

Costume-Date _____ Amount _____ Check # _____

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