



Registration Form

(Please Print Clearly)

Name _____

Address _____

City, State & Zip _____

Birthdate _____ Referred by _____

Phone (C) _____ Phone (H) _____ Phone (W) _____

E-mail Address _____

Parent or Spouse Name _____

Previous Training _____

I Agree to the following : UNLESS DANCE ARTS CENTER IS NOTIFIED 30 DAYS IN ADVANCE, IN WRITING, REGARDING CHANGES OR CANCELLATIONS, BILLING WILL REMAIN CONTINUOUS. I have received copies of DAC's make-up and tuition policies.

Please sign and date _____

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FOR DAC USE ONLY

Date _____ Amount Paid _____

Class & Teacher _____ Comments _____

For (PL) _____ (S) _____ (R) _____ In Computer? _____ Student ID # _____