

APPLICATION FORM

Please fill out and bring with you when you register.

Customer No. _____

Student: _____ Height: _____ Weight: _____ Birth Date: _____

Address: _____ Town: _____ Zip Code: _____ Home Phone No: _____

Work: _____ Phone No. _____ Cell Phone No. _____

In case of emergency contact: _____

Previous dance experience: _____ Email Address: _____

Type of class desired: _____

I have read the attached brochure and agree to abide by the guidelines set by Dance Unlimited.

Signature: _____

Signature of parent if student is under 18 years of age: _____

OFFICE USE ONLY

Reg. _____

Sept. _____

Total: _____ Paid _____