

THE dance!nn

celebrating 30 years of dance education

Registration Form

Dancer's Name:	_____	Class:	_____	Time:	_____
Parents' Names:	_____	Day:	_____	Length:	_____
Address:	_____				
City:	_____	Class:	_____	Time:	_____
Zip:	_____	Day:	_____	Length:	_____
E-Mail:	_____				
Home Phone #:	_____	Total Hours/ week:	_____		
Cell Phone #:	_____				
Work Phone #:	_____				
DOB:	_____	Tuition:	_____		
School:	_____				
Grade:	_____	Munroe BRF:	\$35.00/child		
		New Student fee - add \$25	_____		
Emergency Contact:	_____	Costume Fee:	_____		
Phone #:	_____				
Doctor's Name:	_____	Total Due:	_____		
Phone #:	_____				
Important Health Info:	_____	Amount Enclosed:	_____		

Liability: The Dance Inn, Inc. and the instructors are not liable for personal injuries or loss or damage to personal property. Since this is a physical activity, injuries may occur. Each student may decline to participate in any activity which may be personally harmful and is also responsible to inform the instructor of any physical limitations which may prevent full participation in class.

Date: _____

Student or Parent Signature if under 18 _____

OFFICE USE ONLY:

Payment Method: Visa MC Cash Ck# _____

Credit Card #:

V CODE:

Exp:

Date Paid:

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7 Medford Street / Arlington, MA 02474

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www.thedanceinn.com