

THE dance!nn

celebrating 30 years of dance education

Spring 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:	_____				
Emergency Contact:	_____				
Phone #:	_____				
Doctor's Name:	_____	Total Due:	_____		
Phone #:	_____	Amount Enclosed:	_____		
Important Health Info:	_____				

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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