

PARTICIPANT REGISTRATION

GROUP CLASSES - RETURNING CLIENT

EACH PARTICIPANT MUST COMPLETE AND RETURN TO INSTRUCTOR



www.artofdancemadison.com

PRINT CLEARLY PLEASE

today's date

group class title

your last name

your first name

m i

primary phone (cell preferred)

email - PRINT CLEARLY, PLEASE

name of person enrolling with you (if applicable)

UNDER 18...

name of parent or guardian

his/her email - PRINT CLEARLY, PLEASE

his/her primary phone (cell preferred)

studio use only

total paid: _____ (cash / check# _____)

if paying for multiple people or classes...

also paying for: _____

paid for by: _____