

REGISTRATION FORM

Tustin Dance Center

Date: ___/___/___

14662 Franklin Ave., Suite C, Tustin, CA 92780
(714) 544-3072 www.tustindance.com

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DANCER'S LAST NAME	FIRST NAME	M	F

<input type="text"/>	<input type="text"/>	CA	<input type="text"/>
ADDRESS	CITY	ST	ZIP

<input type="text"/>	<input type="text"/>	<input type="text"/>
PARENT/GUARDIAN NAME	PHONE #1	PHONE #2

<input type="text"/>	<input type="text"/>	<input type="text"/>
DANCER'S BIRTHDATE	AGE	How did you hear about us?

<input type="text"/>
EMAIL ADDRESS

<input type="text"/>
Do you have any previous dance experience? Where? How many years?

<input type="text"/>
Are there any medical conditions of which we should be aware?

CLASS ENROLLMENT: (dancers must meet appropriate level requirements)

#	CLASS TITLE	DAY	TIME	Office Use
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

\$ <input style="width: 80%;" type="text"/>	+	\$ <input style="width: 80%;" type="text"/>	+	\$ <input style="width: 80%;" type="text"/>	=	\$ <input style="width: 80%;" type="text"/>
REGISTRATION		TUITION		OTHER		TOTAL

PAYMENT:	CASH	CHECK	VISA	M/C	DISC	PAID:	\$ <input style="width: 80%;" type="text"/>
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