

Studio Gold Dance

Class Registration Form

Name _____

Age _____ Date of Birth _____

Parent/Guardian _____

Address _____

_____ Zip _____

Home Phone _____

Cell/Work _____

Other Contact # _____

E-Mail _____

Comments _____

CLASS TITLE _____

CLASS DAY/TIME _____

CLASS TITLE _____

CLASS DAY/TIME _____

Tuition: Two payments of \$225 due by August 25th and January 12th. Alternate payment plans available for families enrolled in multiple classes.

Registration Fee: \$10 per season, waived if enrolled with first tuition payment by 8/30/08

TOTAL AMOUNT ENCLOSED _____

I have no knowledge of any physical impairment that would affect this student from participating in dance. By signing below I agree that in case of accident, I authorize the instructor to secure medical treatment, and hereby release Studio Gold Dance, staff and facility of liability.

Parent/Guardian Signature

Print and mail completed form with check payable to:

**Studio Gold Dance
4213 Adrienne Drive
Alexandria, Virginia 22309**