



SUMMER WORKSHOP REGISTRATION FORM

Dancer's Name _____ Age _____ DOB ___ / ___ / ___

Address _____

Parent/Guardian Name _____

Home Phone # _____ Cell # _____ Work # _____

Email _____ Dancer's email _____

Emergency Contact (secondary parent/guardian plus additional adult):

Name	Phone	Relationship
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Name	Phone	Relationship
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List any medical, allergies, physical limitations, special needs/conditions and/or medications we should be aware of: _____

List your preferred method of contact and which times would be best to reach you:

Tuition

Tuition is due by May 31st. Payments can be made at the studio by cash, check, or credit (fees apply).

Any questions, please feel free to send a text to 352-875-7310. Forms can be returned to the studio or filled out and emailed to dancebysheila@gmail.com