

\$30 Reg. Fee

ARMSTRONG *School Of Dance*

706.647.2725

www.armstrongschoolofdance.com

Student Name _____

Age ____ Birthdate ____/____/____ Grade (Aug. 2017) _____ School _____

Parent's Name _____

Address _____

City _____ State _____ Zip _____

Best phone # to reach you: _____

Email Address _____

Important Medical Information _____

Who, if the parent is not available, should be notified in case of emergency?

Name _____ Phone(s) _____

CLASS CHOICES *(Please visit our website listed above for exact days & times)*

Name of Class	Day	Time

T-SHIRT SIZES *(only circle one)*

YXS YS YM YL YXL AS AM AL AXL

To reserve your spot your fee must be paid & BOTH sides of this application must be completed and signed. Thank you!