

**Volga Dance Academy**  
**2019-2020 Registration Form**  
**(Please Print)**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Please check one:

- New Student Registration \$50.00
- Returning Student Registration \$25.00

*Please enclose cash or check for the full amount made payable to Volga Dance*

- I have read and agree to the school's policy

Participant's Signature: \_\_\_\_\_  
(Parent or Guardian Signature if under 18 years of age)

Office use only

Paid: \$ \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_