

Bring A Friend Week!

February 11-16, 2019

You're Invited!

BDS STUDENTS, please fill out the information below.

BDS Student Name: _____

Class Day & Time friend is attending: _____

Friends joining us, please fill out the information below.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (In case of emergency)

- I would like to receive more information about classes offered at BDS! Please send me a one time email with more details.

ANY KNOWN FOOD ALLERGIES?

(BDS has a goodie bag for all our friends that contains a snack and water. Please let us know if there are any allergies!)

Liability Release:

Parents, legal guardians of minors and adults waive the right to any legal action for any injury sustained on school property resulting from normal dance or music activity or any other activity conducted by the student/friend before, during or after the class time.

Parent or Guardian Signature

Broadway Dance Studio

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