



# dance

academy of santa rosa

## Registration form

Student's name	
Parent/Legal Guardian's name	
Student's age	
Student's DOB	
Address	
City	
State, zip	
Phone #	
Cell phone #	
Work phone #	
email	
Previous dance history	
Student's school, if attending	
Classes desired:	
Title & Day of class	<b>ex: Ballet I, Tuesday at 3:30</b>
	1
	2
	3
	4
	5

*\*If taking additional classes, list on back.*

*\*Classes are upon teacher's approval.*

**\*\* How did you hear about us?** \_\_\_\_\_

**There will be a \$20.00 one (1) time registration fee per student collected. A registration application and a hold harmless waiver must be signed before student's admission into classes.**