

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE – HOME: _____ WORK/CELL: _____

EMAIL: _____

	<u>STUDENT</u>	<u>AGE & DATE OF BIRTH</u>	<u>CLASS(DAY/TIME/TEACHER)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

*****PLEASE MAKE ALL CHECKS PAYABLE TO DANCE 66 INC.***
MAIL TO 74 MILLPOND PARKWAY, MONROE, NY 10950**

IF YOU WOULD LIKE TO PAY BY CREDIT CARD:

MASTERCARD OR VISA (please circle one)

Acct#: _____ Exp Date: _____

Billing Address(if different from above): _____

Security Code: _____ Signature: _____

I give my permission to have my child/children's picture used for our website or the newspaper.

Signed: _____

Dated: _____