



Dance Studios, LLC

Dancer Registration Form

Date _____

Name _____

Address _____

City/State/Zip _____

Home Phone Number _____

Cell Phone Number _____

Work Phone Number _____

Health History _____

Allergies _____

Dancer's Birthday _____

Dancer's Age as of June 1st, 2012 _____

Age Dancer started dancing _____

Mother _____

Father _____

Parent's Email _____

Necessary!
If you do not provide an email address you understand that you are responsible for reading information at the studio-you will not receive special notices _____
initials

Health Conditions We Need to Know About _____

CLASS PREFERENCES

Previous Dance Experience
New Dancers Only Answer

Ballet: _____

Tap: _____

Jazz: _____

Pointe: _____

Lyrical: _____

Hip Hop: _____

Years Experience

Classes Desired-write in
All Dancers Answer

You will be placed initially according to age and experience.

By signing below you are stating that you have received the Studio's Policy and Information Card for the 2010-2011 season and that you have read this and understand this.

Any questions, please call
920-887-DANC(E)
344 Rosendale St., Beaver Dam, WI 53916

www.dancenowstudios.com

