

DANCIN' WITH ROXIE

Registration Form

Dancer's Name _____

Parent's Name _____ Phone # _____

Grade level _____ Age _____ Number of Years Dancing _____

Class: (check all that apply)

_____ Combination (Ballet, Tap, Jazz)

_____ Hip Hop

_____ Competition Team

Parent's Email _____ @ _____

**All Studio information is available by email only unless otherwise specified*

Address: _____

Emergency Contact: Name _____ Relationship _____

Phone # _____

Parent's Signature X _____

When signing the registration form I agree to adhere to and follow all studio policies.

Office Use---\$15.00 Registration fee ---Check # or Cash _____ Date _____

Or

Registered for ACH (Waved Registration Fee) _____