



Dance Class Registration Form

Student's Name: _____

Age: _____ **Grade:** _____ **Birthdate:** _____

Parent/ Guardian Name: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Registration \$10 | Classes \$40 Per Month
Cash, Checks, Credit Cards Accepted
Please Make Checks Payable to **Amber Blue**
All Fees Paid Are Non-Refundable

(Parent/ Guardian Signature)

(Date)