

# ADULT REGISTRATION FORM

Separate Registration form required for each Participant



Full Name: \_\_\_\_\_

## **Please mark areas of interest:**

Ballet-Beginner: <input type="checkbox"/>	Ballet-Intermediate: <input type="checkbox"/>	Ballet-Advanced: <input type="checkbox"/>
Hip Hop-Beginner: <input type="checkbox"/>	Hip Hop-Advanced: <input type="checkbox"/>	Country Line Dancing: <input type="checkbox"/>
Jazz: <input type="checkbox"/>	Tap-Advanced: <input type="checkbox"/>	Musical Theater: <input type="checkbox"/>
Wellness-Yoga: <input type="checkbox"/>	Wellness-Pilates: <input type="checkbox"/>	Wellness-Cardio Drumming: <input type="checkbox"/>
Art-Instruction: <input type="checkbox"/>	Art-Painting: <input type="checkbox"/>	Art-Special Events: <input type="checkbox"/>
Music-Lessons: <input type="checkbox"/>	Birthday Party: <input type="checkbox"/>	Other (please email us): <input type="checkbox"/>

## **Please list any previous Experience - Years and Where:**

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### **Billing Information:**

Name of person responsible for Biling/Class Payment: \_\_\_\_\_

Email address for: \_\_\_\_\_

Billing Contact Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_