

REGISTRATION FORM
Eau Claire School of Dance
2007-2008

Please check one: **Eau Claire Studio** **Menomonie Studio** **Chippewa Falls Studio**

Student Name _____

Parent Name _____

Address _____ City/State/Zip _____

Phone Number _____ Cell Number _____

Parent Email _____ Student Email _____

Grade In School _____ Birthdate _____ Age _____

Emergency Contacts:

Name _____ Phone _____ Cell _____

Name _____ Phone _____ Cell _____

Doctor _____ Phone _____

Person Financially Responsible:

Name _____ Phone _____

Address (if different from above) _____

Parent Signature _____

Please sign me up for the following class(es):

Previous Dance Experience:

OTHER _____

You will receive confirmation before September 1st.

THANK YOU FOR YOUR REGISTRATION!!!!