

Session: _____

Mail with payment to:

Dance Dance Dance
413 Main Street
Glen Ellyn, IL 60137

dance, dance, dance, ltd.

Registration Form

Student Name/Age _____

Address: _____

City: _____

Phone: _____

Email: _____

(Personal information will not be shared with any third party.)

Day & Time	Class Name	Price
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

NURSERY (Shape-Up only)

Child's Name

Age

Childrens Recital fee _____

Total Due _____

Payment 1 _____

Ck#

Date

Balance Due _____

For Office Use Only

Date Tallied: _____

Date Entered: _____

Credit Card Information

Name: _____

Number: _____

Exp. Date: _____