



2009 Dance Application 3-Week Summer Term (Broward County)

Student

Name: _____
 First Middle Last

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell _____

Email: _____

Parent Information

Parent (1) Name: _____ Relationship: _____
Work Phone: _____ Cell: _____

Parent (2) Name: _____ Relationship: _____
Work Phone: _____ Cell: _____

Church Affiliation: _____ Pastor's Name: _____

What class are you interested in?

___ 9-11 ___ 12-14 ___ 15-17 ___ Adult Beginning I

** There is a Non-Refundable \$25.00 Registration Fee for new students*

Payment Method: Cash / Money Order / Credit Card

CC # _____ Exp _____ Code _____

In case of emergency, please contact the following individual:

Name: _____
Phone: _____ Relationship: _____

Please mail to: PO Box 382070 Miami, FL 33238 or Fax to 954-345-1105