

STEP WITH STYLE DANCE PRODUCTIONS RECREATIONAL REGISTRATION FORM

First Name: _____ Last Name: _____ Birth date (mm/dd/yyyy): _____

Allergies/Medical Concerns: _____

Parent/Guardian: _____ Relation to Student: _____

Address: _____ City: _____ Postal Code: _____

Home Phone Number: (____) _____ Cell Phone Number: (____) _____

E-mails: _____

Previous Training: _____

Emergency Contact Name: _____ Phone Number: (____) _____

----- FOR ADMINISTRATION ONLY -----

Program: Recreational

Level: 2-3 4-5 6-8

9-12 Teen Adult

Registered for: Fall Program

Classes:

1. _____ = \$ _____

2. _____

3. _____

4. _____

5. _____

6. _____

Payment Arrangements:

Monthly (no discount)

Terms (5% off total of yearly fees)

Full Year (10% off total of yearly fees)

Payment Notes: _____

Standard Payment for Family: \$ _____

Includes all siblings classes in one payment for family

Other Fees:

Family Registration Fee (non refundable)

Dress Rehearsal Fee (non refundable)