

STEP WITH STYLE DANCE PRODUCTIONS COMPETITIVE 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: (_____) _____

----- BELOW SECTION FOR ADMINISTRATION ONLY -----

Program: Competitive

Company Level:

Pre Competitive

Company # _____

Registered for: Summer Intensive

Fall Program

Payment Arrangements:

Monthly (no discount)

Terms (2.5% off total of yearly fees)

Full Year (5% off total of yearly fees)

Payment Notes: _____

Standard Payment: \$_____ for family

Other Fees:

Family Registration Fee (non refundable)

Locker Rental (annual) # _____ Combo: _____

Shared with _____

Complimentary Classes

Parent Name: _____

Class _____ Dress Rehearsal

Sibling Name: _____

Class _____ Dress Rehearsal

Referred by: _____

Date of Registration: _____