

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: (_____) _____

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

Program: Recreational

Level:

2-3 4-5 6-8

9-12 13-18 18+

Registered for: Fall Program

Classes:

1. _____ = \$ _____

2. _____

3. _____

4. _____

5. _____

6. _____

Payment Arrangements:

- Monthly (no discount)
- Terms (2.5% off total of yearly fees)
- Full Year (5% off total of yearly fees)

Payment Notes: _____

Referred by: _____

Standard Payment for Family: \$ _____

Includes all siblings classes in one payment for family

Other Fees:

Family Registration Fee (non refundable)

Date of Registration: _____