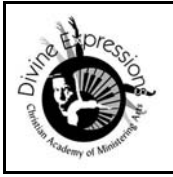




Class Registration Form



Last Name: _____ First Name: _____ Birth Date: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Ext: _____

Cell #: () _____ Email: _____

Church: _____ Pastor: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Church Phone: () _____ E-mail: _____

Invoice to: _____ Address: _____

City/Town: _____ State: _____ Zip: _____ Phone: () _____

Emergency Contact: _____ Phone: _____ EXT: _____

Permission to use your Photo or image for media or website: _____

CLASS SELECTION FOR ADULTS

Dance Ministry Structure _____ Foundational I _____ Congregational I _____ Congregational II _____ Congregational III _____

Interpretive/Choreography _____ Tambourine/Visual Aids I _____ Ballet I _____ Ballet II _____ Jazz I _____ Jazz II _____

Modern I _____ Modern II _____ Partnering _____ Hip Hop I _____ Hip Hop II _____ Men's Dance _____ Hebrew I _____

Latin I _____ African I _____ Indian ME _____ Stepping _____ Dancers Anatomy & Conditioning _____ Mime I _____

Mime II _____ Vocal Foundation _____ Private Vocal _____ Praise & Worship Training _____ Acting Management _____

Acting _____ Guitar _____ Piano _____ Drums _____ Bass _____

CLASS SELECTION FOR CHILDREN

Children's Movement _____ Foundational I _____ Pre-Ballet _____ Ballet I _____ Jazz I _____ Hip Hop I _____

Congregational I _____ Mime I _____ Latin I _____ Tambourine I _____ Vocal Foundation _____ Acting _____

Guitar _____ Piano _____ Drums _____ Bass _____

Student/Guardian Signature _____ Registration Date _____

OFFICE ONLY

Starting Date _____ Class Day _____ Time _____ Instructor _____

Form of Payment: Cash _____ Check _____ CK# _____ Credit Card: _____ # _____

Processed By: _____ Date: _____ Dance Card Issued: _____