



REGISTRATION FORM

Student's Name _____ Age _____

Birth Date _____ Grade Completed _____ Female/Male _____

Address _____ City _____ State _____

Zip Code _____ Phone Number _____

Cell P _____ hone Number _____

Dance Training:

Please fill in the number of years of training

Ballet ____ Pointe ____ Tap ____ Jazz ____ Hip Hop ____ Pilates ____ Voice ____ Theater ____

What previous dance school(s) did you attend?

What class are you registering for? (please check)

Tap ____ Jazz (8 & up) ____ Ballet ____ Pointe ____ Hip Hop (8 & up) ____

Voice ____ Theatre ____

Pilates ____ NYC Workout ____ Future Stars Program (2-4 years of age) ____

Please complete this form and return to **Company Dance, 7921 Grayson Rd , Harrisburg, PA 17111** along with your \$30 Registration Fee. All schedules will be mailed out at a later date.

For Office Use only		
Amount Paid: _____	Monthly _____	Tuition: _____
Check# & Date: _____	Class Codes: _____	