



REGISTRATION FORM – FALL 2017

Parent Name:

Address:

Contact Phone:

Email:

Student's Name & Age:

Student's Birthdate:

Any medical issues?

Class Selection(s):

(include Day/Time)

Print, complete and mail with payment to Kathy's Dancer, PO Box 53, Clementon, NJ 08021. Questions? Call 856-627-6600 or email us at kathysdancer87@gmail.com.

Include \$20 registration fee plus 50% deposit per class.

Check enclosed

Please charge my credit card in the amount of \$ _____ as follows:

Card # _____ Exp _____ CVV _____

Name on Card _____ Billing Zip _____

Signature _____