

# REGISTRATION FORM

A \$15 non-refundable registration fee must accompany his form.

STUDENT'S NAME:

BIRTHDATE:

ADDRESS:

CITY:

ZIP:

PARENTS' NAME(S):

HOME PHONE:

CELL PHONE:

OTHER:

E-Mail:

*Before registering, please make sure you have discussed your class choices with either your teacher or Pat McKeown, Studio Director.*

*Please list the class(es) you are registering for*

NAME OF CLASS	DAY/TIME	PAYMENT REC
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	

BRING THIS FORM WITH YOU ON YOUR FIRST DAY OF CLASS

OR

MAIL TO: *The Dance Company for the Performing Arts*  
3604 Fifth Avenue Extension  
North Versailles, PA 15137  
412.672.2200