PLEASE FILL OUR THE FORM BELOW AND MAIL IT TO 456 MAIN STREET WAKEFIELD MA 01880. PLEASE BE SURE TO ENCLOSE YOUR $25.00 REGISTRATION FEE.

Dance Studio of Wakefield
2011 FALL REGISTRATION

Student Name#1 _____Birthdate _/_/_

Student Name#1 _____Birthdate _/_/_

Parent Name _____

Address _____

Town _____Zip _____

Phone _____Emerg. Phone _____

Email _____

Pertinent medical information:

Class Desired: (If your desired class is full we will inform you.)

STUDENT #1 First Choice _____
Second Choice _____

STUDENT #2 First Choice _____
Second Choice _____

I understand that the dance recital will be video taped for sale to the attendees and students of the recital. I agree to allow The Dance Studio of Wakefield to use photos of my child taken during dance events to be used for promotional material. _____Yes _____No

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OFFICE DATE AND TIME STAMP _____ office copy
AUTHORIZED SIGNATUR _____
REGISTRATION NUMBER _____

You will receive a confirmation email to let you know which class your student was placed in.