

Class: _____

Date: _____

OFFICE

Class: _____

Class: _____

Class: _____

Fusionworks Dance Academy Registration Form

Please fill out this duplicate form fully and hand to an instructor along with your registration fee and tuition payment.

****PLEASE NOTE:** Tuition must be paid within the first week of each semester or a late fee of \$10. will be added to your payment due.

PLEASE PRINT LEGIBLY!

MAKE ALL CHECKS PAYABLE TO: *Deb Meunier*

Student's Name: _____ Mother's Name: _____

Student's Address: _____ Father's Name: _____

_____ Zip Code: _____

Email address (required): _____

Home phone: _____ Cell Phone: _____

Emergency contact name & relation to student: _____ Emergency Phone: _____

Age: _____ DOB: _____ (minors only!) Medical Problems: (please describe): _____

I will not hold Fusionworks Dance Academy or its staff responsible should an accident or injury occur either in class or on the premises.

Signature: _____ Date: _____

Class: _____

Date: _____

DEB

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Class: _____

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