

Tiffany's School of Dance

Summer 09 Registration

Dancer's Name: _____

Birth date: _____

Current Age: _____

Upcoming Grade Level in School (if applicable) _____

Parent's Name: _____

Phone #: _____

Emergency Phone # during class: _____

Email address: _____

Address: _____

Referred by: _____

Please check the workshop(s) that you are registering for below:

___ Princess Ballerinas (Ages 3-5)

___ Tap/Jazz/Hip Hop (Ages 5-7)

___ Tap/Jazz/ Hip Hop (Ages 8-10)

___ Jazz/Hip Hop (Ages 11-15)

___ Adult Combo (Ages 16+)

*I have enclosed my \$20 registration fee along with \$40 tuition. I will pay the remaining \$35 balance at the first class. No refunds will be given for any reason.

Please sign _____

Make checks payable to: Tiffany Morgan.
Mail to 5211 Hurop Road, Sandston, VA 23150

*You may pay in full if you choose.