THE TURNING POINTE OF DANCE

REGISTRATION FORM

STUDENT'S NAME _____
last first middle

AGE_____DATE OF BIRTH_____

PARENT'S NAME_____

ADDRESS_____

_____

HOME PHONE_____

WORK PHONE_____

E-MAIL ADDRESS_____

SPECIAL MEDICAL CONDITIONS OR ALLERGIES_____

_____

IN CASE OF EMERGENCY PLEASE CONTACT_____

_____

CLASSES DESIRED_____

PREVIOUS DANCE EXPERIENCE_____

HOW DID YOU HEAR ABOUT US?_____

DAYS & TIMES THAT AREN'T GOOD FOR YOU_____

_____

WHAT IS YOUR FAVORITE ERA OF MUSIC?
40's_____ 50's_____ 60's_____ 70's___ 80's___ 90's___ 00's___

WHAT IS YOUR FAVORITE TYPE OF MUSIC_____