



Dance Company, Ltd.

www.dancecoltd.com

_____ Elementary Technique - Met

_____ Middle & High School Technique - Met

_____ Middle & High School Technique - LaPlace

Student's Name: _____ Phone(home): _____ (cell): _____

Address: _____ City: _____ Zip: _____ Age: _____

Number of year's of dance experience: _____ Where: _____

Birth date: _____ Grade in school: _____ School attending: _____

Days of the week the student cannot come: _____ Earliest time can attend class: _____

Preference of class day/time: _____ Teacher request: _____

2nd Student's Name: _____ Phone(home): _____ (cell): _____

Address: _____ City: _____ Zip: _____ Age: _____

Number of year's of dance experience: _____ Where: _____

Birth date: _____ Grade in school: _____ School attending: _____

Days of the week the student cannot come: _____ Earliest time can attend class: _____

Preference of class day/time: _____ Teacher request: _____

Parent's Name: _____

Occupation: _____ Place of employment: _____

Person(other than parent) to contact in case of emergency: _____ phone: _____

If personal recommendation, give name: _____

How did you hear about Dance company? _____

e-mail address: _____ Parent's signature: _____

Please charge my credit card # _____ *Amount:* _____

Type: _____ *Expiration date:* _____ *CVC:* _____