

DANCE REGISTRATION FORM

O F F I C E U S E O N L Y

Psalm 149:3 Let them praise his name with dancing.



MAIL REGISTRATION FORM AND PAYMENT TO:
 Spirited Feet • 1671 Thornhill Court, Woodbury, MN 55125

S E S S I O N			LAST INITIAL
<input type="checkbox"/> FALL	<input type="checkbox"/> SPRING	<input type="checkbox"/> CAMP	

STUDENT 1 _____ BIRTH DATE _____ AGE _____

GRADE (CURRENT / COMPLETED) _____ CLASS / CAMP _____ CLASS /CAMP TIME _____ LOCATION _____

CLASSMATE REQUEST _____ ALLERGIES / HEALTH CONCERNS/ SPECIAL NEEDS _____

STUDENT 2 _____ BIRTH DATE _____ AGE _____

GRADE (CURRENT / COMPLETED) _____ CLASS / CAMP _____ CLASS /CAMP TIME _____ LOCATION _____

CLASSMATE REQUEST _____ ALLERGIES / HEALTH CONCERNS/ SPECIAL NEEDS _____

STUDENT 3 _____ BIRTH DATE _____ AGE _____

GRADE (CURRENT / COMPLETED) _____ CLASS / CAMP _____ CLASS /CAMP TIME _____ LOCATION _____

CLASSMATE REQUEST _____ ALLERGIES / HEALTH CONCERNS/ SPECIAL NEEDS _____

STREET ADDRESS _____ E-MAIL _____

CITY _____ STATE _____ ZIP _____

PARENTS NAME(S) _____

HOME PHONE (_____) _____ CONTACT PERSON _____

WORK PHONE (_____) _____ CONTACT PERSON _____

CELL PHONE (_____) _____ CONTACT PERSON _____

I give permission for my child to attend Spirited Feet dance classes. In case of accident or injury, I do not hold Spirited Feet responsible.

Parent Signature _____ Date _____

I give Spirited Feet permission to take pictures and video for promotional purposes.

Parent Signature _____ Date _____



Spirited Feet
 1671 Thornhill Court, Woodbury, MN 55125
 651-578-7878