

Allison Darling Dancers LTD. 2009 – 2010 Registration Form

Student's Name: _____ Age: _____ DOB: _____
d/m/yr

Parent's Name: _____

Address: _____ Apt. _____

City: _____ Postal Code: _____

Home: _____ Bus. _____

Cell: _____ e-mail: _____

If you are a new student please list previous studio:

1.	2.	3.	4.	5.	6.	7.	
Day	Time	Class Description					

How did you hear about the studio? (Please Circle)

Newspaper ad Flyer Word of mouth Yellow Pages Gold book Other

Parent's Signature

Date

(Separate Waiver and Release form to be signed at Registration)