


 Southern
DANCE PRECISION
 Registration Form

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Email: _____ Alt. Email: _____

Address: _____

Phone: _____ Description (Home/Cell/Work): _____

Alt. Phone: _____ Description: _____

Medical Conditions: _____

Allergies: _____

Years at SDP: _____ How did you hear about us? _____

Classes:	Day/Time:	Monthly Price:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
	Monthly Total:	_____

I have read and understand the Policies for Southern Dance Precision and agree to abide by the guidelines within.

Signature (Parent/Guardian)

Date