

Registration Form

Please fill out and return to First City Dance Studio along with Payment

Dancers Name: _____ Age: _____ DOB: _____

Home Address: _____ Phone _____

Email Address _____

Parent/Guardian

Mom _____ Phone _____

Dad _____ Phone _____

Emergency Contact _____ Phone _____

CLASSES

1. _____ Day _____ Time _____

2. _____ Day _____ Time _____

3. _____ Day _____ Time _____

4. _____ Day _____ Time _____

Registration Fee \$10.00 per family.

Tuition due first of the month.

Send Registration Form and Payment To:

First City Dance Studio

657 Mag 7 Crt SW Bemidji MN 56601

218-751-KICK (5425)

I hereby release First City Dance Studio from any and all claims for damages and injuries which may be sustained while participation in any and all activities connected with First City Studio.

Parent/Guarding

Signature _____ Date _____