

SOUTHSIDE DANCE CENTER
REGISTRATION FORM
SUMMER
2010

SUMMER EVENT/S: (Please list each event/class you would like to register for)

STUDENT NAME: _____

AGE _____ **RISING GRADE** _____ **BIRTHDATE:** _____

PARENT'S NAMES: _____

HOME PHONE: _____

MOM CELL: _____ **DANCER CELL:** _____

MOM WORK: _____

(All communication for the studio is done via email. Notes are not sent home. Individual phone calls are not made. Please begin checking your email at least weekly for important studio business updates.)

MOM EMAIL ADDRESS: _____

DANCER EMAIL ADDRESS: _____

TOTAL AMOUNT PAID:

Please mail to:
Lori Gelezinsky
14501 Swamp Fox Hwy West
Fair Bluff, NC 28439