

Registration Form

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

Dancers Name: _____ Age: _____ DOB _____

Address: _____

Home Phone: _____ Alt Phone: _____

Parents Name(s): MOM _____ Work Phone _____

DAD _____ Work Phone _____

Emergency Contact: _____ Phone: _____

Classes	Day	Time	\$\$\$\$
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____

Registration Fee is \$10 per family.

All classes are billed monthly.

Send Registration Form and Payments To:

First City Dance Studio, 657 Mag 7 Crt SW Bemidji MN 56601

Questions call Cathy Marcotte at 218-751-KICK

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

Parent/Guarding

Signature _____ Date _____