



Denise Smith Dance Studio

# Fall Session Registration

## Information

Name: \_\_\_\_\_

Tel:(w) \_\_\_\_\_ (cel) \_\_\_\_\_

Health Card # \_\_\_\_\_

Age: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Tel: \_\_\_\_\_

Email: \_\_\_\_\_

- Jazz
- Tap
- Pre-Ballet/Jazz
- Ballet
- Pre-Tap
- Hip-hop
- Acro
- Karate

Parent Signature: \_\_\_\_\_

