



Denise Smith Dance Studio

Registration

Fall / Spring Program

Information

Name: _____

Date: _____

Parent: _____

Age: _____

Date of Birth _____

Address: _____

Tel: _____

E-mail: _____

Class:

Pre-ballet/ Jazz

Pre-Tap

Jazz

Tap

Ballet

Hip Hop

Acro-gym

Karate

Date: _____

Amt. Paid _____

Signature _____

