



DYNAMIC DANCE ALLSTARS TEAM REGISTRATION FORM 2010-2011

Dancer's Name: _____ Date: _____

Home Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Dancer's Birth Date: _____ Age: _____ Parent Name: _____

Email Address: _____ Additional Email Address: _____

Dancer's Email Address: _____ Dancer's Cell Phone: _____ Text: Y N

FIRST MONTH'S TUITION IS DUE AT THE TIME OF REGISTRATION

CODE	DDA TEAM NAME	DAY	TIME	TUITION AMOUNT

THIS FORM MUST BE COMPLETE AND FEES MUST BE PAID FOR REGISTRATION TO BE CONSIDERED VALID.

SUB TOTAL: \$ _____

Discount (if applicable): - _____

Annual Registration Fee: \$ 25.00

TOTAL AMOUNT DUE: \$ _____

SIGNATURE: _____ DATE: _____ PRINT NAME: _____

METHOD OF PAYMENT (CHECK ONE): CHECK: _____ CASH: _____

FOR OFFICIAL USE ONLY:

CHECK NUMBER: _____ DATE: _____ NAME ON CHECK: _____

REGISTRAION TAKEN BY: _____ DATE: _____