



Registration Form

Please print

Dancer's Name _____

Birthdate _____ **Age as of Sept. 1st** _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____

Email Address _____

Academic School _____

Dance Level Applying For _____

Classes _____ **Days** _____

Mother's Name _____ **Cell #** _____

Father's Name _____ **Cell #** _____

Please bring this registration form along with \$25.00 registration fee to Terre's Dance Workshop. It can also be mailed to 5819 Kentshire Dr. Kettering, Ohio 45440

