

Summer Technique Registration



Registration Date ____/____/____

Returning Student

New Student

Name _____ Cell _____

Address _____

City/State/ Zip Code _____

E-mail Address _____

In Case of Emergency Contact: _____

Any Medical or Physical Conditions we should be aware of:

Deposit \$25.00

Jul 29 – Aug 1

Payment in Full \$97.00

Date Paid ____/____/____

Date Paid ____/____/____

Dance Experience:

Please tell us how you heard about

Footloose _____
