

“DWD” 2010-2011 Studio Enrollment Form
Please complete this form & return with payment.

Student's Name: _____ Class Day/Time/Code: _____

Age as of 9/10: _____ D.O.B: _____ / _____ / _____ Grade in 9/10: _____

Address: _____

Town/City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Allergies: _____

May we photograph your child? (check one) Yes No

Parent Signature: _____

Enclosed is my Tuition Payment for Session Number: 1 2 3 4 5

(check which applies)

\$68.00 (45 minute class)

\$108.00 (1 ½ ½ 1/2 hour class)

-\$5.00 (sibling/multiple class discount, if applicable)

Total Due: \$ _____

Method of payment

Cash enclosed...

Check enclosed...# _____ Payable to: "Dancing with Denise."

Automatic Withdrawal Bank Name: _____

Account #: _____

Signature: _____ Routing # _____

Automatic Credit Card MasterCard Visa Card #: _____

Signature: _____ Exp. Date: _____ / _____

(\$2.00 processing fee) Name on Card: _____

Billing Address: _____

Zip Code: _____

3 Digit V-Code: _____

Automatic 1 Time Only

www.dancingwithdenise.com
2256 Hudson Ave. Rochester 14617
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"Having Fun is Our Philosophy!"