IN SYNC DANCE 2011-2012

Student's First Name	Last Name
Parent's Name (First & Last)	Student's Birthdate
Home Phone #	Other Phone #
Email (Very Important!)	
Address	
City	Zip Code
How did you hear of In Sync?	
Any Medical Conditions WE Should Be Aware Of?	
Participating in Performances (Please circle):	**Ballet Y N JUNE Y N**

Registration Fees Paid- Date Amount-$

Changes	Classes-Full Title	Day	Time	Instructor Initials

Class changes MUST be approved through the instructor **and** administrative staff, and updated on this form.

Monthly Tuition Fees **$**

Due by the 7th of each month,
for the following month's tuition.
(i.e., March tuition is due by February 7th)

Costume Fees

DATE	AMOUNT	INITIAL	INITIAL	TOTAL
Reg. Date	**# of Performances X $60.00.**			

Measurements

Bust	Waist	Hips	Girth	Inseam