



REFLECTIONS  
School of Dance

**2009-10 Registration Form:**

Name: \_\_\_\_\_

Age /DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email (s): (for monthly Newsletters )

\_\_\_\_\_

Phone/Cel: \_\_\_\_\_

Emergency (who)#: \_\_\_\_\_ / \_\_\_\_\_

List any Special Needs: \_\_\_\_\_

Classes / Times you are Registering for:

1. \_\_\_\_\_ / \_\_\_\_\_

2. \_\_\_\_\_ / \_\_\_\_\_

3. \_\_\_\_\_ / \_\_\_\_\_ (more on back→

Dance experience (yrs here for discount):

(if any) \_\_\_\_\_

Both Parents Names & Signature (if < 18):

**(MUST PRINT, SIGN, & DATE)**

( signifies **agreement to policies**, Emergency  
Medical treatment if needed and release of all  
liability from "Reflections School of Dance Inc.")

Please include Non-Refundable

\$20 Registration Fee with form.

(+ \$5 for each additional family member)

If New: also list below a name if anyone referred you

LEN & DEBBIE WIENS

Directors:

13823 Seattle Hill Rd.

Snohomish, WA 98296

425-338-9056 (Ph.& Fax)

dance@reflectionsschoolofdance.com

www.reflectionsschoolofdance.com