



REFLECTIONS
School of Dance

2010-11 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