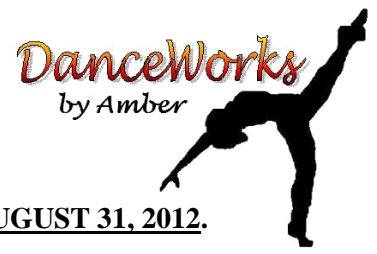


Amber Bassett
 Phone: (570) 468-5471
 Email: danceworksbyamber@hotmail.com
 Website: www.danceworksbyamber.com



***REGISTRATION MAY BE SUBMITTED IMMEDIATELY OR BY FRIDAY, AUGUST 31, 2012.**

- *A confirmation email will be sent once this registration form is received.
- *Duplicate if necessary.
- *Please use one form per dancer.

Student _____
 Parents'/Guardians' Names _____
 Brothers/Sisters enrolled _____
 Address _____
 City _____ Zip _____ Home phone _____
 Cell _____
 Work phone _____
 E-mail address _____
 Age _____ Birthdate ____/____/____ Grade _____
 (As of 9/1/12)
 M _____ F _____
 Have you had previous dance experience? Yes No If so, how many years? _____

PLEASE MARK AN "X" ON THE LINE FOR EACH CLASS YOUR CHILD WILL TAKE:

Creative Movement _____	Jazz I _____	Hip Hop I _____
Pre-Dance (Monday) _____	Jazz II _____	Hip Hop II _____
Pre-Dance (Tuesday) _____	Jazz/Hip Hop III _____	Acro I _____
Ballet I _____	Modern _____	Acro II _____
Ballet II _____	African _____	Acro III _____
Tap _____		

SHOES:

I need shoes for the following classes: **Creative Movement Ballet Modern Jazz Tap Hip Hop Jazz/Hip Hop**

I have read the packet and understand all rules. I understand our obligation to DanceWorks for the classes and the financial obligation (tuition, costume deposit, costume balance, finale t-shirt, recital tickets, recital program). I also understand that neither DanceWorks nor its staff will be held responsible for accidents or injuries that occur while my child participates in all programs and activities.

Signed _____ Date ____/____/____
 (must be signed by parent or guardian)

Please send registration form and emergency medical form to:

DanceWorks by Amber
Attn: Amber Bassett
4200 Wolf Hollow Rd.
Bloomsburg, PA 17815

*****PLEASE SEE REVERSE SIDE FOR EMERGENCY MEDICAL INFORMATION*** OVER >**

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**FOR DANCEWORKS USE ONLY:** Date received: \_\_\_\_\_ # received: \_\_\_\_\_  
 Payment 1 (9/6) \_\_\_\_\_ Check # \_\_\_\_\_ Registration fee \_\_\_\_\_  
 Payment 2 (12/8) \_\_\_\_\_ Check # \_\_\_\_\_ Costume deposit \_\_\_\_\_ check \_\_\_\_ / \$  
 Payment 3 (2/9) \_\_\_\_\_ Check # \_\_\_\_\_ Costume balance \_\_\_\_\_ check \_\_\_\_ / \$