

Straub Dance Center, Inc. 2010-11 REGISTRATION FORM

501 McCorkle Blvd.
Westerville, Oh 43082
614.891.5525

COUPON BOOK NUMBER

Student Name _____ Boy _____ Girl _____

Address _____
(street) (city) (zip code)

Home Phone _____ Work Phone (mother/father) _____

Cell Phone _____ E-mail _____ Booklet # _____
(assigned by the studio)

Birth Date _____ Age _____ Grade _____ School _____

Mother's Name _____ Father's Name _____

Past Dance Experience _____

Circle types of dance you wish to take Baby Dance(2) Pre-Dance(3) Creative I(4) Creative II(5)
Pre-Ballet / Ballet / Pointe _____

Pre-Jazz / Jazz _____

Tap _____

Hip Hop _____

Explain if you have time conflicts, etc... _____

Briefly, explain what you want your child to gain from this experience _____

Where did you hear about our studio? Please be specific to help us track advertising. _____

Do you want your child to perform in the spring recital at Veterans Memorial Auditorium? YES NO

Are there any medical conditions we should be aware of? _____

*I undersigned parent or guardian of the above named student, have read thoroughly the brochure and Straub Dance Center Studio Policies and agree to abide by them. I also hold the Straub Dance Center, the teachers and the staff harmless for any and all injuries arising out of participation in any and all classes or performances at or away from the dance center.

Signature _____

Please return this form along with your registration fee to the mailing address above or bring it to the registration. Scheduling will be done on a first come first served basis.

I am withdrawing from classes. Signature _____

Date

