

Betty Jean's Dance Studio Class Registration Form

Dancer's Name _____
Address: _____

Home Phone # _____
Cell Phone # _____
E-mail address: _____
Birthday _____
Parent's Name _____

Classes Registering For:

	Class Name	Day/Time
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

Amount Enclosed _____

Circle

Summer 1 Summer 2 Fall

Print form and drop by the studio during our business hours or mail in with your

payment to:

Betty Jean's Dance Studio
985 Rte. 376
Suite 2—Brookmeade Plaza
Wappingers Falls, NY 12533