

Pinnacle Dance North
Early Registration Form Fall 2015

Student Name: _____ Age: ___ DOB: ___/___/___

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Work: _____ Cell: _____ Email: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Turn in this form with your non-refundable registration fee:

_____ \$45 Annual - Returning Student

_____ \$60 Semester - Fall Only

Save 20% and classes will be held through August 1st. Contract balances must be paid in full no later than August 3, 2015 or classes will be dropped.

Parent/Guardian Signature: _____ Date: ___/___/___