

Please complete	the entire form. Or	Summer Reg ne form per studer			t Payments are due with
			rms will be	processed with out p	payment.
Check One: □ New Student □ Existing Student			Today's Date:		
Student Name:			Age:	Birthday: -	- Grade:
Parent's Names:					
Address:					
Address.	City:	City:		Zip:	
Phone Home:			Cell:		
Email:	Information is given	out by email. Please fill in ema	il address that is che	cked regularly where we can send	important information.
	Class Name:	Day:		Time:	\$
	Class Name:	Day:		Time:	\$
	Class Name:	Day:		Time:	\$
Class/Event	Class Name:	Day:		Time:	\$
Information	Class Name:	Day:		Time:	\$
	Class Name:	Day:		Time:	\$
	Total Due: \$				
	-			Amount Er	nclosed: \$
	D		la a al	@l:f Ct-	-:- 07
	•	•	•	nmo @Jennifer-Ste	ein-87
		<i>unds, except for d</i> e checks payable			
	IVIAN	е спеска рауарте	to . Studio	L Dance LLC	
In the event th	at you are unable	to reach me, in tl	ne case of a	ccident or injury, I	give my permission for
treatment as dee	emed necessary by	staff or emerger	ncy personn	iel. I also release S	tudio L Dance LLC and its
		f injury or accide	nt incurred	to the Student(s) I	Named above.
Parent/Guardian signatur	e:			Date:	
	Mail Form and Paymo	ent to: Jen Stein N	819 Memoria	al Dr Campbellsport,	WI 53010
	Email: dancestudio	l@yahoo.com Qı	uestions: cor	ntact Jen Stein 920-5	83-5661
			Use Only		
Total Paid: \$	Check #:	Cash	•	Venmo	Date:
Any returned o		\$30 fee. If you cl ncurred and will		•	esponsible for any fees