Diane Hale School of Dance

Registration

Student:_____Age:_____DOB:_____

Parent/Guardian:_____

Phone:(H)_____(Cell)_____

Email:_____

Mailing Address:_____

_____

Previous Dance:_____yrs@_____

Allergies/Medical Condition:_____

Emergency Contact:_____

Relation to student:_____Phone:_____

Class(es) desired:_____

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