

*Chanda's
School of Dance*



Registration Form Fall 2019

Student Name: _____

Parent(s) Name: _____

Age of Student (A for Adult): _____

Address: _____

Street: _____

Town/City: _____

Postal Code: _____

Phone #: _____ Cell #: _____

e-mail: _____

Any medical conditions we should know about? Please explain.

Please indicate if you want traditional, recreation or clogging classes.

_____ Stepdancing _____ Clogging

Signature: _____

Registration Fee (\$10): _____