

GRANITE STATE DANCE CENTER

Enrollment Information | \$10 Registration Fee

Student Name: _____ DOB (mm/dd/yy): _____

Address: _____

City, State, Zip Code: _____

Telephone (home/cell): _____

Email: _____

I wish to enroll in the following class(es):

Class(es)

Day

Time

| Class(es) | Day | Time |
|-----------|-----|------|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

I give permission for Granite State Dance Center to use photographs of my child in promotional pieces (print and online): Yes No

FOR OFFICE USE: Registration Fee Paid?