

Competitive: Studio Copy

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Name of Student:			
Students D.O.B.: MonthI			
Parents or Guardian Name:			
Phone Numbers: Home: _		Business or Cell	
Alternate Contact (Relative): _			
<u>Competitive Student Scho</u> JAZZ			
		LYRICAL:	
HIP HOP/Musical Theatre:			
Classes Commence Septembe			
-	ore the 15 th of the month. will be accepted on or before th re the 1 st day of classes. *D n for student's missing classes	e first of the month. ecember & June will be for 3 weeks only. due to illness or holidays taken by the stude	nt.
TRAINING TO ONE STUDIO. MICKI'S DANCE CONNECTIONICKI'S DANCE CONNECTIONICKI'S DANCE CONNECTIONICHT. STUDENT. ALL N.S.F. CHEQUES WILL F	ON INC. REQUESTS THAT ON INC. IS NOT RESPONS ON INC. IS NOT RESPONS BE CHARGED A \$40.00 HAI ages of my child, captured du	ring regular & special dance activities thr	ED TO A
Parent's Signature:		Staff Initials	
Date:	Monthly Fee:	Receipt#	