

Pat Smith Dance and Yoga Registration Form

Dance and Yoga students please fill out this form. Tuition payable to Pat Smith

Parent's Last Name _____ First Name _____
Home Address _____ City _____ Zip _____
Email Address _____ Cell Phone _____
Work Phone _____ Home Phone _____

1st Student's Name _____ Age ____ D/O/B ____/____/____
Class name _____ Day _____ Time _____
Class name _____ Day _____ Time _____

2nd Student's Name _____ Age ____ D/O/B ____/____/____
Class name _____ Day _____ Time _____
Class name _____ Day _____ Time _____

3rd Student's Name _____ Age ____ D/O/B ____/____/____
Class name _____ Day _____ Time _____
Class name _____ Day _____ Time _____

Name of Elementary/Middle/High School and release time for each student _____

Comments (interest, experience, concerns, etc.) _____

How did you hear about Pat Smith School of Dance?

Photo Release: Pat Smith School of dance has my permission to display photographs of my child/children, _____ on promotional flyers, web sites, schedules, and press releases.

Parent Signature _____ X

Return this form and waiver with tuition and \$25 registration fee made payable to Pat Smith.
Check# _____ Date ____/____/____ Amount _____

More info: (480) 946-9269 or pat@pssod.com