

The Dance Center Of Spokane  
 1407 E. 57th Avenue

Spokane, WA 99223  
 (509) 448-2464

**Registration Form**

Registration Date:

Account No.

<b>Billing Name</b>	<input type="text"/>		<input type="text"/>	
Address	<input type="text"/>			
City	<input type="text"/>	State	<input type="text"/>	Zip/Postal <input type="text"/>
Hm Phone	<input type="text"/>	SSN	<input type="text"/>	Private <input type="text"/>
E-Mail	<input type="text"/>			
Parent 1	<input type="text"/>		Hm. Phone	<input type="text"/>
Employer	<input type="text"/>		Wk. Phone	<input type="text"/>
	Cell	<input type="text"/>	Pager	<input type="text"/>
Parent 2	<input type="text"/>		Hm. Phone	<input type="text"/>
Employer	<input type="text"/>		Wk. Phone	<input type="text"/>
	Cell	<input type="text"/>	Pager	<input type="text"/>
Emergency Contacts	<input type="text"/>		Phone	<input type="text"/>
	<input type="text"/>		Phone	<input type="text"/>
	<input type="text"/>		Phone	<input type="text"/>
	<input type="text"/>		Phone	<input type="text"/>

<b>Student Name</b>	<input type="text"/>		<input type="text"/>	
Address	<input type="text"/>			
City	<input type="text"/>	State	<input type="text"/>	Zip/Postal <input type="text"/>
E-Mail	<input type="text"/>			SSN <input type="text"/>
Birthdate	<input type="text"/>	Sex	<input type="text"/>	School <input type="text"/>
				Grade <input type="text"/>
Medical Info:	<input type="text"/>			
	<input type="text"/>			
Dr. Name	<input type="text"/>		Phone	<input type="text"/>

<b>Classes</b>	<b>Name</b>	<b>Level</b>	<b>Room</b>	<b>Day</b>	<b>Time</b>	<b>Tuition</b>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Registration Fee:

Total Tuition:

The Dance Center Of Spokane  
1407 E. 57th Avenue

Spokane, WA 99223  
(509) 448-2464

**Registration Form**

Registration Date:

Account No.

**LIABILITY/INDEMNITY AGREEMENT**

I/We agree to hold harmless The Dance Center of Spokane, its Employees and its Lessor from any and all liability claims, actions, judgments, damages and injuries of any kind and nature whatsoever to the participant and/or his/her property arising from participation in activities for which the participant is registered.

I/We have familiarized myself/ourselves with the description of the activities, understand the hazards, the

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_