



Spring Lake School of Dance

515 Passaic Avenue Spring Lake, NJ 07762

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www.springlakeschoolofdance.com



SUMMER

STUDENT'S NAME: _____ AGE: _____ DATE OF BIRTH: ____/____/____

PARENT/GUARDIAN NAME(S): _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS/CELL PHONE: _____

E-MAIL ADDRESS: _____

ALTERNATE EMERGENCY CONTACT (name and phone number):

PLEASE LIST ANY SPECIAL NEEDS OR CIRCUMSTANCES THAT THE STAFF SHOULD BE MADE AWARE OF (I.E., MEDICAL CONDITIONS, ETC.):

CAN WE USE YOUR DANCER'S PICTURE ON OUR FACEBOOK/WEBSITE: YES or NO

() CONTINUING STUDENT () NEW STUDENT - PREVIOUS TRAINING: _____

HOW DID YOU HEAR OF US? _____

Please check off which Camps or Classes you are registering for:

Princess Camp (ages 3 to 6): ___ Week 1 (July 13-16) ___ Week 2 (August 3-6) ___ Both Weeks

Nutcracker Workshop: ___ Nutcracker (Younger Dancers) ___ Nutcracker (Older Dancers)

Technique Classes: ___ Unlimited for 3 Weeks ___ Pay by the Class **Dance Company:** ___

Baby Ballet: ___ **Adult Ballet:** ___ **Adult Tap:** ___

I WISH TO ENROLL THE ABOVE NAMED STUDENT FOR THE CLASSES SET FORTH ABOVE AND AGREE TO PAY THE TUITION FOR THIS PERIOD.

SIGNATURE (Student 18 or over or parent/guardian)

DATE

PLEASE INCLUDE A \$50.00 DEPOSIT TOWARD PRINCESS, NUTCRACKER, AND TECHNIQUE.

Please mail a check payable to Spring Lake School of Dance or provide your credit card information below:

Visa/MC/Amex/Discover # _____ **Exp:** _____

(a 3.99% service charge is added to all credit/debit card transactions)