



PLEASE RETURN COMPLETED REGISTRATION FORM TO:

DANCENTRAL
2187 Wehrle Drive
Williamsville, NY 14221
(716) 626-4050
www.dancentralstudios.com

FOR OFFICE
USE ONLY

(Please Print)

Student's Name _____

D.O.B. (if under 18 years) _____ Current Age _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Business/Emergency Phone _____ Email Address _____

Name of parent or guardian (if under 18 years) _____

Were you one of our students last year? Yes _____ No _____

If yes, what was the day and time of your class/classes? _____

If no, do you have previous dance experience? List previous recreational or competitive experience, including styles studied and length of study. _____

Circle type of dance desired: Tap, Jazz, Ballet, Acro/Jazz, Hip Hop, Lyrical, Modern, Pointe, Pre-School, Dance with Me, Stumpf's Gymnastic Team Dance, Other: _____

If you know the specific class/classes you would like to register for list those below, otherwise just indicate your preference of the following: Weekday Classes _____ Saturday Classes _____
(Gymnasts will be scheduled in conjunction with workout times.)

Do you have any physical limitations? _____

How did you hear of us? _____

Remarks: _____

I, the undersigned will not hold Dancentral/Joyce Miller Lichtenberger responsible for the loss of, or damage to personal property or any injury sustained therein.

Signature X _____ Date _____

Parent or Guardian (if under 18 years)