

# DANCE CONNECTION

8 ROCKINGHAM ROAD  
WINDHAM, NH 03087  
2017-2018 REGISTRATION  
danceconnectionnh.com  
603-893-4919

Student Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Student Name			
Student Birth Date			
Medical Conditions	NO YES	NO YES	NO <input type="checkbox"/> YES
Lesson Day & Time			
Total Hours			
Date Starting Lessons	DD/MM/YY	DD/MM/YY	DD/MM/YY

Address: \_\_\_\_\_  
STREET CITY/STATE ZIPCODE

Phone #: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Where did you hear about us? \_\_\_\_\_

Previous experience: \_\_\_\_\_

Date Registered: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Referred by a "DC" friend? \_\_\_\_\_

## METHOD OF PAYMENT:

*All charges will appear on your bank or credit card statement as "The Dance Connection"*

**Checking Account:** Please attach a voided check

**Visa MasterCard:** \_\_\_\_\_  
CARD NUMBER EXPIRATION DATE

Card Holders Name: \_\_\_\_\_

Card holder address: \_\_\_\_\_

