

2009-2010
\$15 Reg. Fee

DANCE EXPRESSIONS BY LORI

INCORPORATED
9151 NORTH DIXIE DR.
DAYTON, OHIO 45414
(937) 890-9606

STUDENT'S NAME- _____

ADDRESS- _____ CITY _____ ZIP _____

PHONE NUMBER- _____ DATE OF BIRTH- _____ AGE _____

EMAIL- _____ CELL PHONE~ _____

CLASSES OFFERED: ACROBATS, CLASSICAL BALLET, DRILL/CHEER COMBINATION CLASS, HIP HOP, JAZZ, LYRICAL, TAP, PRE-BALLET, PRE-ACROBATS, CONTEMPORARY, ADULT CLASS

CLASS CHOICES/DAYS- _____

DANCE EXPERIENCE- (not necessary but will help in placing students in correct class)

CONTACT IN CASE OF EMERGENCY

#1 NAME: _____ #2 NAME: _____
RELATIONSHIP: _____ RELATIONSHIP: _____
P.M. PHONE: _____ P.M. PHONE: _____

LIST BRIEFLY INFORMATION REGARDING MEDICAL CONDITIONS THAT WOULD BE OF HELP SHOULD MEDICAL ATTENTION BE REQUIRED

I release, discharge and agree to hold harmless Dance Expressions, their staff, and Lori Jene' Downey from liability from any and all claims which in any manner arise from or as a direct or indirect result of this service.

All fees are due in full by the 1st week of the month regardless of holidays, vacations, canceled classes or any missed class by the student. The payment can be sent by mail or paid in the studio during the hours listed on all fee bills. If fees are not paid by the 1st week of the month there will be a \$10.00 late charge per student. We appreciate your cooperation in this matter.

You will receive a studio brochure with confirmation of classes and levels in early August.

**Please sign for self if 18 years or older. *Parent or guardian must sign for student under age of 18.*

SIGNATURE: _____ DATE: _____
RELATIONSHIP: _____

Please fill-out and turn in with \$15.00 non-refundable registration fee

**This will be my _____ year at
Dance Expressions.**

Whether it has been consecutive (THIRTEEN years) or you have sat out a year or two please indicate the number of years you have been with us. Please count this upcoming year ☺