



# JAZZ DANCE! REGISTRATION FORM

## PARTICIPANT/GUARDIAN INFORMATION

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt/FI \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Additional Contact Name  
i.e. babysitter (optional) \_\_\_\_\_ Additional Contact Phone (optional) \_\_\_\_\_

## PAYMENT OPTIONS

Check number enclosed # \_\_\_\_\_ Last name on check \_\_\_\_\_

CC#: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Billing Zip Code \_\_\_\_\_ Last 3 digits on back of credit card \_\_\_\_\_