HOLLY'S CENTRE STAGE DANCE
P.O. BOX 1216
20721 HOLYOKE AVE.
LAKEVILLE, MN 55044
952-469-1013

Registration Form

Registration Date:

Account No.

Billing Name

Address

City | State | Zip/Postal

Hm Phone | SSN | Private

E-Mail

Parent 1 | Hm. Phone

Employer | Wk. Phone

Cell | Pager

Parent 2 | Hm. Phone

Employer | Wk. Phone

Cell | Pager

Emergency Contacts | Phone

Phone

Phone

Phone

Student Name

Address

City | State | Zip/Postal

E-Mail | SSN

Birthdate | Sex | School | Grade

Medical Info:

Dr. Name | Phone

Classes

Name	Level	Room	Day	Time	Tuition

Registration Fee: **Total Tuition:**

Registration Note

Parent Signature: _____ **Date:** _____