



CLASS ENROLLMENT FORM

STUDENT #1 _____

Classes Enrolling In:

STUDENT #2 _____

Classes Enrolling In:

STUDENT #3 _____

Classes Enrolling In:

STUDENT #4 _____

Classes Enrolling In:

Parent Name(s) _____

Address _____

Phone _____ Work _____

Parent Signature and date _____

By signing this form, I agree to pay tuition on all classes listed above and I understand that no refund or credit is given for missed or dropped classes. If I wish to discontinue a class, I must submit a DROP CLASS FORM to prevent further billing. Classes with less than 8 students are subject to cancellation.

Please return with registration form and payment. Please make checks payable to **CSARDAS Dance Company**. Thank you!