

Amber Bassett
Phone: (570) 468-5471

Email: danceworksbyamber@hotmail.com
Website: www.danceworksbyamber.com



***REGISTRATION MAY BE SUBMITTED IMMEDIATELY OR BY FRIDAY, AUGUST 24, 2018.**

*A confirmation email will be sent once this registration form is received.

*Please use one form per dancer OR register online from our studio website: www.danceworksbyamber.com

Student _____

Parents'/Guardians' Names _____

Brothers/Sisters enrolled _____

Address _____

City _____ Zip _____ Home phone _____

E-mail address _____ Cell _____

Age _____ Birthdate ____/____/____ Grade _____

(As of 9/1/18)

M _____ F _____

Do you have previous dance experience? Yes _____ No _____ If so, how many years? _____

How did you hear about DanceWorks? _____ # of years at DanceWorks: _____
(including this year - As of 4/30/19)

I would like to receive: MID-YEAR REPORT YEAR-END REPORT BOTH
(PLEASE CIRCLE)

PLEASE MARK AN "X" ON THE LINE FOR EACH CLASS YOUR CHILD WILL TAKE:

Tiny Dancers _____	Ballet III _____	Contemporary II _____
Pre-Dance I _____	Pointe _____	Contemporary III _____
Pre-Dance II _____	Irish I _____	Hip Hop I #1 (Tue.) _____
Ballet/Tap Combo _____	Irish II _____	Hip Hop I #2 (Th.) _____
African _____	Irish III _____	Hip Hop II _____
Tap I _____	Jazz I _____	Acro I _____
Tap II _____	Jazz II _____	Acro II _____
Ballet I _____	Jazz/Hip Hop III _____	Acro III _____
Ballet II _____	Contemporary I _____	Acro IV _____
		Boys Hip Hop _____

SHOES:

I need shoes for the following classes: **Combo Irish Ballet Pointe Contemporary Jazz Tap Hip Hop Jazz/Hip Hop**
Regular street shoe size: _____ YOUTH or ADULT Order size: _____

I have read the packet and understand all rules, especially the consequences of missing blocking and/or dress rehearsal before the spring recital. I understand our obligation to DanceWorks for the classes and the financial obligation (*registration fee, tuition, costume deposit, costume balance, finale t-shirt, recital tickets, recital program*). I also understand that neither DanceWorks nor its staff will be held responsible for accidents or injuries that occur while my child participates in all programs and activities.

Signed _____ Date ____/____/____
(must be signed by parent or guardian)

Please send registration form and emergency medical form to:

DanceWorks by Amber Attn: Amber Bassett
3327 Shaffer Rd.
Bloomsburg, PA 17815

PLEASE SEE REVERSE SIDE FOR EMERGENCY MEDICAL INFORMATION OVER >

FOR DANCEWORKS USE ONLY:

	Date received: _____	# received: _____
Payment 1 (9/8) _____	Check # _____	Registration fee _____ check ____/ \$
Payment 2 (12/1) _____	Check # _____	Costume deposit _____ check ____/ \$
Payment 3 (2/2) _____	Check # _____	Costume balance _____ check ____/ \$