Registration Date	

BODY LANGUAGE DANCE COMPANY

Session: Feb 2012

CODE: OFFICE USE ONLY	D W H C
Account #	Student #

Student Name	last	first	Circle	Family Enrolled
Address			Male / Female	
City		State	Zip	
Home Phone		Student Cell #	Student E-Mail	
Birthdate		School	Grade/Level:	
Medical Info:				
Dr Name		Phone		

Previous dance experience	# of yrs		where?	
Are you interested in our competition teams?			How many years of competition experience?	

How did you hear about Body Language?	yellow pages	friend	relative	Advance ad	Adv. flier	competition
	sign/drive-by	portable sign		GR Festival	other (how?)	

Billing Name	last	first	The **billing name** is the
Address			name of the person
if diff from student &/or parent address			responsible for the account
City	State	Zip	and is the person who
Home Phone		Work Phone	will receive any mailings
E-Mail, please			and e-mails.

Parent 1 (mother)	last	first	Hm Phone	
Address			Cell Phone	
if diff from student &/or billing address				
City	State	Zip	**E-Mail:**	
Employer			Wk Phone	

Parent 2 (Father)	last	first	Hm Phone	
Address			Cell Phone	
if diff from student &/or billing address				
City	State	Zip	**E-Mail:**	
Employer			Wk Phone	

(if parents can't be reached first)	Name		Hm Phone	Cell Phone	Wk Phone
	Relation				
Emergency Contacts	Name		Hm Phone	Cell Phone	Wk Phone
	Relation				

Classes	Name of Class(es) (list below)	Day	Time: start --- end	# hrs	Instructor	Tuition
					STUDENT TUITION	
					SUB TOTAL	
					$5.00	
					TOTAL	

Please complete the Acknowledgement of Risk and Waiver of Liability Form

BLDC accepts payment by check or cash only.

Registration Fee for new account: $5.00

DATE	circle one RECEIPT #	CHECK #	amount pd