

NORTH SHORE DANCE STUDIO

GUEST TEACHER WORKSHOP 2025 - REGISTRATION FORM

Dancer: Gender:

Birthday: Age: Grade:

School:

Address:

City: State: ZIP Code:

Guardian(s):

Phone(s):

E-Mail (s):

Please Circle Your Class Level(s).

| | | | | |
|--------------------------|-----------|-----------------------|----------|-------|
| <u>Ballet</u> | Beginning | Intermediate | Advanced | Elite |
| <u>Jazz/Contemporary</u> | Beginning | Intermediate | Advanced | Elite |
| <u>Hip-Hop</u> | Beginning | Intermediate | Advanced | Elite |
| <u>Tap</u> | Beginning | Intermediate/Advanced | | Elite |

CARD INFORMATION

Use Card on File ☐

NAME

NUMBER

EXP CODE ZIP

- I ASSUME FULL RESPONSIBILITY FOR ANY LOSS OR PERSONAL PROPERTY OR INJURY WHILE ON THE DANCE STUDIO PREMISES.
- PAYMENTS FOR THE GUEST TEACHER WORKSHOP WILL BE MADE IN FULL AT THE TIME THIS FORM IS TURNED IN.
- A DEBIT OR CREDIT CARD MUST BE PROVIDED AT REGISTRATION.
- REGISTRATION IS ONLY FINALIZED WHEN COMPLETED FORMS AND PAYMENT INFORMATION HAS BEEN RECEIVED.
- I UNDERSTAND AND WILL COMPLY WITH THESE POLICIES.

PRICING INFORMATION

BALLET: \$150.00 X = \$

J/C: \$150.00 X = \$

HH: \$125.00 X = \$

TAP: \$75.00 X = \$

TOTAL = \$

GUARDIAN SIGNATURE

DATE