

Amherst Dance Academy
 200 Richmond Hwy / Suite 105
 PO BOX 897
 Amherst, VA
 434-946-7340

Registration Form

Registration Date:

Account No.

Billing Name

Address

City State Zip/Postal

Hm Phone Private

E-Mail

Parent 1 Hm. Phone
 Cell Wk. Phone

Parent 2 Hm. Phone
 Cell Wk. Phone

Emergency Contacts Phone
 Phone
 Phone
 Phone

Student Name

Address

City State Zip/Postal

E-Mail

Birthdate Sex School Grade

Medical Info:

Dr. Name Phone

Classes	Name	Level	Room	Day	Time	Tuition
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Registration Fee:

Total Tuition:

Registration Fee: \$45/dancer regular term Summer: no fee
 Each additional dancer in family registration: \$20
 Elective classes 25% off with active ballet class.

Parent Signature: _____ Date: _____