## **REGISTRATION FORM**

Student's Name	Age	Sex
Parent's/Guardian's Name		

Address

City/State/Zip Code

PHONE #'s TO BE CONTACTED FOR CLASS SCHEDULE & TIME:

( ) 1<sup>st</sup> Contact #

(	)	
2 <sup>nd</sup>	Contact	#

**Only Regularly Checked Email** 

TRACK 1 TRACK 2 TRACK 3 ACTING ONLY COMBO CLASS CIRCLE Track/Level You THINK You Should Attend &/or ACTING Option

PLEASE CHOOSE ONLY ONE FROM THE FOLLOWING OPTIONS:

## DANCE WORKSHOP

[] Reserve 1 spot in the 4-Week DANCE WORKSHOP

enclosed is my check/money order for \$200

[] With 2<sup>nd</sup> Child/Sibling Discount for **2 Spots** = \$375

## **ACTING WORKSHOP**

[]Reserve me **1 spot** in the **4-Week ACTING WORKSHOP** only. Enclosed is my check/money order for \$175.

[] 2 Spots = \$350 – NO 2<sup>nd</sup> CHILD/SIBLING DISCOUNT

## DANCE/ACTING COMBO CLASS

[] Reserve me 1 spot in the 4-Week DANCE & ACTING COMBO CLASS. Enclosed is my check/money order for \$300.

[] With 2<sup>nd</sup> Child/Sibling Discount for **2 Spots** = \$575

Make Checks Payable to: MICHAEL BLEVINS 13 West 100<sup>th</sup> Street #2C, New York, NY 10025

Online Registration & Credit Card Payments @ Dance-Class.net Acting-Class.org