

American Dance Center
Summer Intensive Study Program
Registration Form 2010

Please complete and mail along with your deposit/or payment in full to:

Madame Phyllis Latin
204 Cooper Drive
Gansevoort, N.Y. 12833

Name _____ Age _____ Date of Birth _____

Address _____

Telephone (Home) _____ (Cell) _____ Email _____

Previous Training: Years _____ Dance School _____

Teacher/Teachers _____

Ballet _____ Jazz _____ Tap _____ Other _____

Father's Name _____ Mother's Name _____

Emergency Contact _____ # _____

Allergies _____ Medications _____

SCHEDULE

FULL SISP SCHEDULE: _____

SISP SCHEDULE: Dates _____

Days _____

Times _____

Classes _____

I understand that there are no refunds for SISP.

That Student arrives at least ten minutes prior to class time.

That Student is picked up within ten minutes after class time.

Parent's Signature _____ or Adult Student Signature _____

Deposits of \$100 are due on or before April 30, 2010.

Payment in full on or before June 18, 2010.

99 South Broadway, Saratoga Springs, NY 12866 ♦ (518) 584-8733