



Dancer's Name: _____ Date: _____

Parent/Guardian Name(s): _____

Parent/Guardian Email: _____

Street Address: _____

Town/City: _____ State: _____ Zip Code: _____

Phone #: _____ Cell #: _____

Emergency Contact: _____ Phone #: _____

Medical Conditions, Injuries and/or Allergies: _____

Class Registration:

Class Name: _____ Day/Time: _____

Class Name: _____ Day/Time: _____

Class Name: _____ Day/Time: _____

Class Name: _____ Day/Time: _____

AMP'd Elite:

Team: _____

Number of Hours: _____ Cost per Month: _____

Signed

Date

Amount Due: \$ _____

Amount Paid: \$ _____

Cash

Check #: _____

