

# Tri Bella Dance

## Registration Form

Dancers Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Number to receive text for closings (If different from above) \_\_\_\_\_

Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Registration Fee \_\_\_\_\_ Paid Date \_\_\_\_\_

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Name of Class	Day	Time
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____
9) _____	_____	_____
10) _____	_____	_____

Number of Class Costumes \_\_\_\_\_