

THE DANCE GALLERY

781-602-0880

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www.dancegallerymelrose.com

[facebook.com/dancegallerymelrose](https://www.facebook.com/dancegallerymelrose)

REGISTRATION FORM

Student Name: _____ Date of Birth: _____ Grade in Sept.: _____

Address: _____
Street City Zip

Home phone #: _____ Cell Phone #: _____

Email: _____

Parent's Name: _____ Work #: (_____) _____

Parent's Address: _____ (If different from student)

In the event the class is cancelled, please contact me at Phone #: (_____) _____

PLEASE CHECK THE CLASSES YOU ARE INTERESTED IN:

_____ TAP	_____ BABY DANCE (2 1/2 - 3 yrs)
_____ JAZZ	_____ KINDERDANCE I (3 - 4 yrs)
_____ LYRICAL	_____ KINDERDANCE II (5 - 6 yrs)
_____ CLASSICAL BALLET	_____ ADULT CLASSES
_____ POINTE	_____ COMPETITION TRAINING
_____ GYMNASTICS	_____ SPECIALTY CLASSES
_____ IRISH DANCE	_____ OTHER _____
_____ HIP – HOP	

We also offer private and semi-private instruction. Are you interested ? YES _____ NO _____

HOURS THE STUDENT IS AVAILABLE EACH DAY.

Monday _____ Thursday _____
Tuesday _____ Friday _____
Wednesday _____ Saturday _____

Early Registration Date: _____ Early Reg. Credit _____ Reg. Fee Discounted _____

Reg. Date: _____ Payment Amount: _____ Check # _____ Cash _____