

Motion Dance Studios

Registration Form

Students Name - _____ Students Date of Birth : __/__/__

Parent/ Guardian Name: _____

Mailing Address: _____

Physicians Name: _____ Phone # _____

Home Phone # (____) ____ - ____ Work Phone # (____) ____ - ____

E-Mail Address: _____

Enrollment for - Fall Classes/ Spring Classes / Summer Classes

Class _____ Day & Time: _____

Class _____ Day & Time: _____

Class _____ Day & Time: _____

How did you hear about Motion Dance? _____

Credit Card Payment / Account Management

Name: _____ Card Number: _____ - _____ - _____

Expiration: ____/____ Signature: _____

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Cornelius, NC 28031

(704) 892-7699

55 Cabarrus Avenue

Concord, NC 28025

(704) 782 - 5333