



2471 Galpin Court, Suite 122

Chanhassen, MN 55317

952-361-3660

www.thedancewarehouse.net

FALL REGISTRATION FORM 2018-19

Dancer's Name: _____ Dancer's Birthdate: _____ Age: _____

Father's Name: _____ Father's Cell: _____

Mother's Name: _____ Mother's Cell: _____

Address: _____

City: _____ Zip Code: _____ Home Phone #: _____

Email: _____

**Each dancers' parent will receive monthly newsletters and updates via email on the 1st of each month. Additional information regarding studio weather related closings and other events will be emailed as well as posted on TDW social media.

CLASSES REGISTERING FOR:

1. _____ 2. _____

Name of other family members at TDW: _____

How did you hear about us? Newspaper Flyer Competition Referral: _____

****OVER FOR CONTRACT AND FEE INFORMATION****

