Today's Date:		How	did you he	ear about u	ıs?					
Dancer's Name:	(I )		(F' 1)		(D: 41 D			(4)		
	(Last)		(First)		(Birth D	ate)		(Age)		
Parents Name:	(Last)		(First)							
E-mail Address:	(C -1	1		· · · · · · · · · · · · · · · · · · ·	now days, etc.)					
			ments, recitai i	information, sn	iow days, etc.)					
Address:	(Street)	(Ci	ty)		2)	State)		(Zip)		
(Parent Home Phone)		(Parent Work P			one) (Parent Cell Phone)					
Emergency Contact										
ancigoney Contact	•	(Name)				(Phone)				
	Class Name				Class Day			Class Time		
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
Check	s made payabl	e to: RMS	SD Venn	10: @Rebe	ecca McCartl	hy Schul	tz			
Office	Use Only Sess	ion I·								
Date	Amount	# of classes	VENMO	CC#	Ex date	Debit	Check #	other		
<b>Office</b>	Use Only: Ses	sion II								
Date	Amount	# of classes	VENMO	CC#	Ex date	Debit	Check #	other		
<u>Office</u>	Use Only: Ses	sion III								
Date	Amount # of cl		VENMO	CC#	Ex date	Debit	Check #	other		
Registr	ration Fee			R	MSD T-Shirt	Fee				