

REGISTRATION

Center Stage Dance And Performing Arts Center
11094 B Lee Highway Suite 104
Fairfax, VA 22030
(703) 385-3396

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Work Phone: _____ (self/mother)

Work Phone: _____ (father)

Birth Date: _____ (optional)

Email: _____

Parent Names (if under 18): _____

Medical Problems/Allergies of which the Studio should be aware:

Classes enrolling in:

I understand that effort will be made to insure safety during participation in Center Stage activities, and therefore accept full responsibility for myself (and/or my child) in case of mishap.

Signature: _____

Date: _____