



Registration Form

Student Information

Student Name: _____ Age: _____ Birthday: _____ Female / Male

Class Name: _____ Class Time _____

Parent/Guardian Information

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Work/Cell Phone: _____

E-mail: _____

Parent/Guardian Signature: _____

Please send me a receipt

How did you hear about us?

Friend Southland Cinema Ad Website Mailer Current Student Other _____

Registration Information

~ Please fill out one form per student.

~ Include \$20 Registration Fee per student. This fee is non-refundable.

~ Make checks payable to **The Pointe Dance Academy**.

~ Mail form and check to:

The Pointe Dance Academy
7450 S. Gartrell Rd, Suite B-4
Aurora, CO 80016

For more information, call 303~699~8130