

Studio7 Dance Registration 2021-2022

Student Name _____ Birthday ____ / ____ / ____

Any Medical Conditions and/or Allergies _____

Address _____

Emergency Contact _____

Relation to student _____

Phone Number _____

Primary Contact Name _____

Primary Phone Number _____

Primary Email _____

How did you hear about us? _____

AutoPay Yes No

Card Holder Name _____ Zip Code _____

Card Number _____ Expiration _____ CVC _____