

DANCE CENTER OF DANVERS

2024 SUMMER REGISTRATION FORM

Student Name _____

Age _____ *Current Class or New Student* _____

Class Attending _____

Amount Enclosed _____ *check # or Venmo* _____

Parent/Guardian _____ *Contact Phone* _____

Emergency Contact _____ *Emergency Phone* _____

Parent Email Address _____

Allergies/Medications/Illness _____

Signature _____ *Date* _____

By signing I agree to The Dance Center of Danvers' rules, regulations, and any and all policies listed on website and/or given in person.

Please return this form with your payment to: (one form per child please)

The Dance Center of Danvers

P.O. Box 205

Danvers, MA 01923

Or

Venmo: @Dance-Danvers

Please feel free to call or email with any questions or concerns

(978) 774-2729, dancedanvers@gmail.com

