



TRDance Center



MIXMO REGISTRATION FORM – Fall 2018 / Spring 2019

Please complete one form per child

Student's Name _____ Student's Cell _____ Male/Female _____ Age _____

Address _____ City _____ Zip _____ DOB _____

Parent/Guardian's Name _____ Cell Phone _____ Alt Phone _____

Parent/Guardian's Name _____ Cell Phone _____ Alt Phone _____

Email Address – **required, please print legibly. Confirmations, class updates are sent via email.**

Emergency Contact _____ Relationship _____ Phone _____

DANCE EXPERIENCE

Style	Years of Study	School/Teacher
_____	_____	_____
_____	_____	_____

Agreement Signature: _____ **Date:** _____

Periodically, TRDance will have volunteer opportunities for parents. Please indicate below if you are interested in volunteering with TRDance:

- Helping in the Dressing Room during the Academy performance in June
- Helping give out programs and tear tickets for the Academy performance in June
- Representing TRDance at community events, fairs, and festivals
- Other: _____

Office Use:	Trial/Placement Class Date: _____	
Registration Fee:	Registration paid: _____	Date paid: _____
Tuition Payment:	<input type="checkbox"/> \$165 – Adaptive Dance (Down Syndrome)	Date paid: _____
	<input type="checkbox"/> \$165 – Movin' & Groovin' (Autism Spectrum Disorder)	Date paid: _____
Payment Method:	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> MoneyOrder <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover <input type="checkbox"/> AmEx	
Desk Staff Initials:	_____	