



**DOWNTOWN  
WEST**  
*dance*

624 New Bridge Street  
Suite 800  
Jacksonville, NC 28540  
910-333-3536  
910-333-3524  
[downtownwestdance@gmail.com](mailto:downtownwestdance@gmail.com)

Date: \_\_\_\_\_

www.downtownwestdance.com

## REGISTRATION FORM

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Work#: \_\_\_\_\_

Cell #: \_\_\_\_\_ Receive Texts Messages:  Yes  No

E-mail Address: \_\_\_\_\_

Emergency Contacts:

Name/Relation (Parent, Relative, Guardian, Friend)	Hm/Wk/Cell	Number
1.		
2.		
3.		

Health (allergens, prescriptions, chronic problems or other pertinent information):

Please list any dance training below:

Disciplines (style of dance; ballet, jazz, tap, etc.)	Total Years	Level Achieved