## MILFORD DANCE ACADEMY REGISTRATION FORM

OFFICE USE: DANCE YEAR	
STUDENTS NAME:	AGE
PARENTS NAME:	BIRTH DATE:
HOME PHONE:	CELL PHONE:
ADDRESS:	
CITY ZIP CO	DDE:
EMAIL: (FOR BILLING PURPOSES)	
EXPERIENCE:  Jazz Years Tap Years  Pointe Years TinyTots Years  Hip Hop Years Modern years  Contemporary Years	Lyrical years
HOW MANY YEARS HAVE YOU DANCED AT MDA:	
Parent/Guardian Signature;	_ (If under 18 years of age)
CLASS DAY TIME	CLASS DAY TIME
OFFICE USE ONLY COST PER MONTH COSTUME DEPOSIT PAID	OFFICE USE ONLY COST PER MONTH COSTUME DEPOSIT PAID
CLASS DAY TIME	CLASS DAY TIME
OFFICE USE ONLY COST PER MONTH COSTUME DEPOSIT PAID	OFFICE USE ONLY COST PER MONTH COSTUME DEPOSIT PAID
OFFICE USE: TOTAL MONTHLY BILL	