L.A. Dance Academy
Unit 200-2405 Main Street
Winnipeg, MB R2V 4Z5
204-334-0080

Registration Form

Registration Date:

Account No.

Billing Name

Address

City State Zip/Postal

Hm Phone

E-Mail

Parent 1 Hm. Phone

Employer Wk. Phone

Cell Pager

Parent 2 Hm. Phone

Employer Wk. Phone

Cell Pager

Emergency Contacts Phone

Phone

Phone

Phone

Student Name

Address

City State Zip/Postal

E-Mail

Birthdate Sex School Grade

Medical Info:

Dr. Name Phone

Classes

Name	Level	Room	Day	Time	Tuition

Registration Fee: **Total Tuition:**

Registration Note

PLEASE SEE REVERSE SIDE FOR WAIVER FORM AND REFUND POLICY

Parent Signature: _____ **Date:** _____