

STUDIO I



REGISTRATION FORM

Parent's Name _____

Address _____

City _____, WA Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____

| | Dancer(s) Name | Birthday | Class | Day/Time |
|----|----------------|----------|-------|----------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |

Please mail or bring in, with the appropriate tuition and registration fee to:

Studio I
13300 NE 175 Street, Ste 7
Woodinville, WA 98072
(425) 489-0861