



Trendz Dance Technique Center Summer Registration Form

Date of Registration: _____

Parent #1: _____ Day Phone: _____ Cell: _____

Parent #2: _____ Day Phone: _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ **Email Address:** _____

Student(s): _____ Date of Birth: _____ Cell: _____

Emergency Contact (other than parents):

Name: _____ Relationship: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Insurance Company: _____ Insurance ID#: _____

Allergies/Medical Problems/Disabilities: _____

How did you hear about Trendz Dance Technique Center: _____

Contract Selection

Method of Payment:

Visa

MasterCard

Cardholder's Name: _____

Card Number: _____ Exp. Date: _____ Security Code _____

Billing Address (if different from above):

Address: _____ City: _____ State: _____ Billing Zip: _____

X _____
Signature

Date

FOR OFFICE USE ONLY

Summer fees: _____

Schedule:

1. Week 1: _____ **Program:** _____

2. Week 2: _____ **Program:** _____

3. Week 3: _____ **Program:** _____

4. Week 4: _____ **Program:** _____

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