

DANA'S DANCE

U N L I M I T E D

Student Name: _____ Date Of Birth: _____

Parent/Guardian: _____

Address: _____

Email: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Emergency Contact Name/Number: _____

Years of Dance completed: _____ Years completed at DDU: _____

Desired Classes: (Please Circle)

Ballet Tap Jazz Lyrical Hip Hop Baton Clogging
CheerDanz Musical Theatre Pre-School Combination

If you choose combo which 2 classes are your 1st choice? _____

Day: Monday Tuesday Wednesday Thursday

Time: Morning 3:00 4:00 5:00 6:00 7:00 8:00
(If you are flexible please circle all times)

Shirt Size XSC SC MC LC XLC SA MA LA XLA

Special Requests: _____

Suggestions: _____

Goals your child has for this year:

Friendship/Coordination/Confidence Flexibility/Exercise Competition Team

Cheerleader/Majorette/Danceline/Guard Musical Theatre productions Pageant Talent

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