



2011 Registration Form

Dancer's Full Name _____ Nickname _____

Birthdate _____ Age _____ Grade in School _____ School _____

Mailing Address _____
Street _____ City _____ Zip _____

Parent/Gaurdian _____ Relationship _____
(Account Name)

Mobile # _____ Home # _____ Other # _____

Parent/Gaurdian _____ Relationship _____

Mobile # _____ Home # _____ Other # _____

Email Address(es) _____
Most frequently checked. Please identify if it is the student's address. This will be our primary form of communication with you.

We can accommodate a minimum of 4 and a maximum of 8 students per course. To reserve your space(s), please return this form with a \$50 deposit/class (non-refundable) upon booking your class(es). Tuition balance is due in full on the first day of class. After 30 days into the term, a late fee of \$20/class will be applied, unless previous arrangements have been made. New students must pay the annual \$25 registration fee. Scholarship students must remit a \$50 facility fee/term. Please pay online via paypal or make checks payable to:

ASCENTIAL DANCE, LLC
1185 West Midway BLVD
Broomfield, CO 80020.

Attention applicants/dancers! In the space below, on back of this form or on another sheet of paper, please write a personal statement about why you would like to attend our school. Remember to list your previous dance and performing arts training/experience, athletic activities as well as your hobbies and interests.
