

Julie's Touch of Silver Dance Studio, Ltd.

2070 West 20th Ave., Oshkosh, WI 54904 (920) 231-8414

Registration Form Fall Session 2010

Student Name: _____

Birthdate: ____/____/____ Age: _____

Parent/Guardian(s): _____

Address 1: _____

Address 2: _____

City: _____ Zip: _____

Phone (Home): (____) _____

Cell Phone: (____) _____

E-mail address: _____

Class Name/Day/Time: _____

Class Name/Day/Time: _____

Class Name/Day/Time: _____

Class Name/Day/Time: _____

Class Name/Day/Time: _____

I assume, Julie's Touch of Silver Ltd., its employees and staff, disclaim any and all liability for the loss of injury by the above named at anytime before, during, or after any class session or activity. I further understand that I, the undersigned parent/guardian am liable for the tuition fees and policies incurred that are stated below and on the payment policy note as attached.

website: www.juliestouchofsilver.com

email:

jtos@ntd.net

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Signed: _____ Date: _____



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