

Carolina Dance Foundation

Non-CDF Master Class Attendee Registration

Dancer First Name _____ Last Name _____

Birth Date _____ Current Age _____ Gender _____ School _____

Medical Concerns/Special Needs (if any) _____

Parent/Guardian _____ Email _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Street Address _____ City _____ Zip Code _____

Emergency Contact _____ Phone# _____

Cost of Classes: 1.5 hr class: \$38 1 hr class: \$30

Please Indicate Which Classes You Are Registering For: _____

Total Paid: _____

Payment Method (Check One):

_____ **Paid Online**

_____ **Paid by Check #** _____

(Please make checks payable to Carolina Dance Foundation)

_____ **Paid by Cash**

Classes must be paid for either online or via cash or check at the studio front desk.

Please note that there is a convenience fee for all online transactions.

____ (Please Initial) I acknowledge that I have read the policies of Carolina Dance Center as outlined in the Enrollment Policies.

Parent/Student (if over 18) Signature: _____ **Date:** _____

*****If you paid for online, please fill out this form, scan it, and email it to Season Bromley at education@carolinadancefoundation.org. If paying in person submit the form at that time.***