

Scarborough Dance Center

Summer Registration Form

Name: _____ Age: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address(es): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ Parent/Guardian Name(s): _____

Classes

1-Week Sessions

June 26-29

July 24-27

Class(es): _____

Costs:

Method of Payment (please check):

Check (payable to S.D.C.)

Cash

Credit Card # _____

Expiration Date: _____

Visa

MasterCard

Discover

2-Week Sessions

June 12-23

July 10-21

Class(es): _____

Costs:

How did you hear about us? _____

Liability Disclaimer & Release:

Scarborough Dance Center and its instructors are not liable for personal injuries or loss or damage to personal property. Since this is a physical activity, injuries may occur. It is the parent/guardian's responsibility to inform teachers of any physical limitations of any child. I give permission for my child or children, _____ to be used in pictures for Scarborough Dance Center in advertising in newspapers, telephone books, etc.

Signature:

A parent/guardian signature is required for children under 18.

Please print and/or fill out this form, and mail with payment to:

Scarborough Dance Center
26 Oakhill Terrace
Scarborough, ME 04074



With any questions call: (207)883-4569 - or - (207)939-8791