

Registration Form Dance Xpressions LLC

101A East Main Street Plainville, CT 06062
(860) 747-3512 www.danceexpressionsofct.com

Parents Name: _____

Address: _____

Home Phone: _____ Cell: _____

Emergency Number at Time of Child's Class: _____

Does your child have any medical conditions that the teacher needs to know? _____

(Choose one) I want to receive information, newsletters, invoices, etc

by: _____ paper (Handed to students at class)

_____ email (Address: _____)

Personal Data		Please fill out for Requested Classes		
	Years of Dance	Class Requested	Class Requested	Class Requested
Students Name		Day and Time of Class	Day and Time of Class	Day and Time of Class
Age/Date of Birth				
Age/Date of Birth				
Age/Date of Birth				

Refer a Friend Program Dance Xpressions LLC

Here at Dance Xpressions we take pride in making sure everyone has a positive experience. Share your great experiences at Dance Xpressions with a friend.

Refer a friend to Dance Xpressions who registers for the Season (Sept-June). You'll receive a \$10 dollar credit toward your account as a Thank You for passing on your experiences at DX and they'll receive a \$5 coupon off registration. Just print out the coupon below, fill in your name and give it to a friend. The more friends you invite the more money you'll save!

*Credits will be issued after the third month.

Refer a Friend Coupon

I would like to refer a friend to
Dance Xpressions.
My friend will receive \$5 off Registration.

My name _____

My friends name _____

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