Casali School of Dance

23011 Nine Mack Drive

St. Clair Shores, MI 48080

(586) 771-6920

Fall Registration 2017-2018 SEASON

Student Information

Last Name	First Name		
Home Address	City	State	Zip
Email Address		Phone	
Birth Date	Age		
New Students: \$20 Returning Students Class Information Name of Class	: \$10 Non-Refun	dable Registra posit per Class	tion Fee
Name of Class			ose only
Name of Class			
Name of Class			
Name of Class			



Family Information

Parent or Guardian registering is Responsible for Payment

1

No

Last Name	First Name						
Relationship to this student							
Home Address	City		State	Zip			
Email Address							
Cell Phone:							
Home Phone:	\	Work Phor	ne:				
# 2 (If address is different from above)							
Last Name	First Name						
Relationship to this student							
Home Address	City		State	Zip			
Email Address:							
Cell Phone:							
	Work Phone:						
Would you like information sent to both addresses? Yes No							

Information:Food Allergies and illnesses