

Summer Session Registration Form 2014

Name of Student:	DC	DB:	_ Telephone #:	
Address:	City:	St:	Zip:	
Parent Name(s):	Parent Cell: _			
Email Address:				
Referred By:				
7 – 12 years: (4 – 6 p.m.)			(6:30 – 8:30 p.m.)	
Years of Prior Dance Exp	perience/Dance Studio(s)			
Ballet: years Jazz: _	years Tap:years	Othe	r: years	
Check the following cla	uss(s):			
July 22 – July 24 July 22 – July 24	Jazz Intensive Ausical Theatre Intensive	ass with Cedr	ic Tillman	
Session(s)	Price			
Master Class	\$70			
Intensive Class(s)**	\$40 each			
**July and August Inter				

Fall registration fee will be waived due to summer registration. Can be combined with any other month – one child per family [cannot combine with other children].

Amount Due: \$_____VISA/MC _____ EXP: ___ CHECK NO: ____

Checks made out to: KML STUDIO

**Please remember to bring a light snack, water bottle, sweat towel and the following shoes: ballet slippers, foot mittens or pirouette shoes, hip hop sneakers, tap shoes. There will be no refunds issued once session has begun. Full payment is due by the first day of your preferred session. Schedule is subject to change without notice. No discount will be given if student participates less than 3 days ** Sessions will be held at Kay Michael Lee Studio.

> 11 First Avenue East | Williston, ND 58801 | (701) 572-6597 www.kaymichaelleestudio.com