



716 6th Street
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(304) 523-5152

Melissa McGuffin, Director/Choreographer
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Please print, fill out, and bring to the studio to register.

Premiere Dance Studio
Registration Form

Child's Name _____
Parent's Name _____
Address _____

Phone (H) _____ (C) _____
(W) _____

Date of Birth _____ Age _____ M F
Grade _____ T-Shirt: Youth: XS S M L Adult: S M L

E-mail Address _____

(Is email a good way to contact you? Yes / No They are sent daily, weekly, and monthly.)

Years of Dance Experience (not including this year) _____

Classes Requested _____

Office Use Only:

\$25.00 Reg. Fee: Paid _____ (Checks Payable to **Premiere Dance Studio**)

1st Month's Tuition: Paid _____