

Gisa Di Iorio
Director, Dance Instructor

DESALES UNIVERSITY
MEMBER
DANCE EDUCATION OF AMERICA



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908-322-9696

REGISTRATION FORM

Students Name _____ Age _____

Date of Birth _____ Grade _____

Parent or Guardian _____

Home # _____ Cell # _____

Address _____

City _____ State _____

Zip _____ Email _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Total # of Classes _____

I assume and Dance 2000 Inc., disclaims liability for loss or injury sustained by student on the premises.

Date _____ Signature _____
(Parent or Legal Guardian)