Aubrie Shugart School of Dancing Registration Form 2024-25

Dancer's Last Name		First Name			MI
		(Sibling) First Name			MI
Billing Address		City	zyZip		
Age (as of Sept. 1,	2024),	Date of Birth	1		
Grade	· · · · · · · · · · · · · · · · · · ·				
Mother's Name Father's			her's Name		
Home Phone Cell Phon		Phone	ne Work Phone		
E-Mail Address: _					
Other Person to no	otify in case of emerg	ency:			
Name Phone					_
Please let us know	of any health problems			art conditions, or stoma	•
1 2	O		•	TX 77901 Phone: 5	575-1672
Registration Fee	· —				
Amount of tuitio	n enclosed:		CK#		_
2024-2025 Fall	/Spring Nine Mo	onth Season S	September 3, 202	4 through May 2	9, 2025
Student	Class Title	Day	Class Time	Class Length	Tuition
	1				
	+				