



East Bay Dance Center
Class Registration
 1318 Glenfield Ave., Oakland, CA 94602
 (510) 336-3262

WINTER/SPRING 2009

Student Name _____ Birthdate _____

Class Title _____ Day _____ Time _____

Class Title _____ Day _____ Time _____

Class Title _____ Day _____ Time _____

Student 2 Name _____ Birthdate _____

Class Title _____ Day _____ Time _____

Class Title _____ Day _____ Time _____

Parent Name _____

Home Phone _____ Work Phone _____ Email _____

Address _____ City _____ Zip _____

Emergency Contact:

Name _____ Phone _____

Total Tuition Due: \$ _____ *

Discounts or Surcharges: \$ _____ *

Recital Fee: \$60 first class + \$30 each additional class

Total Enclosed: \$ _____

Balance due: \$ _____ * by _____ * Payment must accompany registration.

* EBDC will fill in these amounts.

- Cash
- Check (Please make checks payable to East Bay Dance Center)

I the undersigned, having read the rules and regulations of the East Bay Dance Center and committed to my tuition obligation, do hereby waive and release any and all rights and claims for damages for injury that might incur while a registered student at the Center Premises and agree not to file suit for same. I attest and verify that I am physically fit and able to participate in East Bay Dance Center classes.

_____ Student signature, or parent signature, if student is a minor.