



Registration Form

Contact Information

Name: _____ Age (if child): _____

Address: _____

City/State: _____ Zip: _____

Phone - home: _____ cell: _____

E-mail address: _____

Class/Workshop Information

Class/Workshop Name	Day/Time	Fee

Payment Information *(Check or Credit Card accepted)*

Date: _____ Amount of payment enclosed: \$ _____

Credit Card: Visa MasterCard

Card Number: _____ Expiration date: _____

Name as it appears on card: _____

Cardholder's signature: _____

Advanced registration is recommended. Please print out this form and bring or mail it with your payment to: Ninth Street Dance, 1920 1/2 Perry Street, Durham, NC 27705

Please mark your calendar as confirmations will not be sent. **Thank you!**