

Please circle: Amarillo Borger Dalhart Dumas Hereford Panhandle Plainview

Student Name:		Age	: DOB:		
Parent's Name/s:					
Address:					
City:			Zip:		
Phone: Work		<u>Home</u>	Cell		
Parent's Employer:			Phone:		
Email: (Important)					
Emergency Contact	ts: (Please, at le	east one contact that is r	not a parent)		
Name		Relationship	<u>Phone</u>		
Name		Relationship	Phone		
Medical Conditions					
How did you hear a	bout LSDA?				
Experience Name of Previous Academy:			Years-Total Dance	e Training	
PAID UPON REGIS	STRATION:				
Registration Fee Tuition Fee Other Total Amount Paid	☐ Monthly☐ Costume	Quarter (5% discount) □ Unleashed Produc		\$ 30.00 \$ \$	
Signature (Parent if under 18)		Date	Date of Registration		
Classes Enrolle	ed/For Office Use	Only			