



ASPIRATIONS DANCE COMPANY

SUMMER 2025

Dancer Full Name: _____

Age _____

Date of Birth _____

Parent or Guardian Name: _____

Address _____

City _____

Zip _____

Home Phone: _____

Cell Phone: _____

CELL PHONE CARRIER for Text Reminders/Offer (REQUIRED) _____

Email Address (REQUIRED) _____

Emergency Name & Phone _____

CLASS	DAY	START TIME

Total Number of Classes	
Amount of Discount	
Total Monthly Tuition	\$

Signature: _____

Date: _____