

REGISTRATION FORM

Please call for available class schedule and enter here:

Name: _____

Address: _____

City: _____

State: _____ ZIP Code: _____

Birth Date: month _____ day _____ yr. _____

Home Phone: _____

Cell Phone: _____

Parent / Guardian _____

School Attended _____

Church Attended _____

- ◆ Send registration fee with signed registration form to:
P.O. Box 273, Shakopee, MN 55379. Make checks payable to:
Reign Dance Theater.
- ◆ Permission is granted for *Reign Dance Theater* to use pictures or video of the above student for publicity purposes.
- ◆ Applicant, and applicant's parent or guardian acknowledge that there does exist, as in any activity, some risk of injury and will not hold *Reign Dance Theater, Reign Dance Theater staff, or The Mills Church* responsible for any injuries sustained during class or performance.

Signature of Applicant / Applicant's parent or guardian if applicant is a minor.

E-mail Address

Date