



# 2017-2018 Registration Form



Mailing address: 30 N. Water Street W., Fort Atkinson, WI 53538  
 Phone : (920) 563-7781

Dancer's Last Name: (please print)						
Address:					How Many Years in Program?:	
City:				Zip:		
Home Phone #			2nd Phone #			
Parents' Names: (Please print)						
e-mail: (for Dept. use only)						
Age by						
9/1/2017	Dancer's First Name (please print)	Class Name	Day	Time	Instructor	Fee
						\$
						\$
						\$
						\$
						\$
						\$
<b>TOTAL</b>						

<b>PARTIAL PAYMENT</b>	<b>FULL PAYMENT</b>
APPAREL	APPAREL
TOTAL PAID	TOTAL PAID
CHECK # OR CASH	CHECK # OR CASH
DATE PAID	DATE PAID
	<b>MAKE CHECKS PAYABLE TO: CITY OF FORT</b>

Office Use Only	
Balance Due:	(Due 2/16/18)
Check #/Cash:	
Date:	
By:	

Apparel/Shoes/Other	
<b>TOTAL</b>	

<b>PAID IN FULL:</b>
<b>DATE:</b>

<b>Notes:</b>