

**DIANA LYNN SCHOOL OF DANCE
“DANCE WITH ME” REGISTRATION**

**Please register my child for the “Dance With Me” 6-week session beginning
Saturday, October 12th - 9:30 a.m.**

STUDENT’S NAME _____ **BIRTH DATE** _____

PARTICIPATING PARENT’S NAME _____

ADDRESS _____ **ZIP** _____ **PHONE** _____

How did you hear about our school? _____

Registration implies permission for the Diana Lynn School of Dance to use the student’s image without compensation for publicizing the school through print and social media.

Parent’s Signature

E-Mail

Please enclose a check for \$60 per child payable to the Diana Lynn School of Dance

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