



Starbright dance

REGISTRATION

Last Name: _____

Parent Name(s): _____

Address: _____

City/St./Zip: _____

Phone: _____

Cell: _____

Email: _____

STUDENT 1

Name: _____ DOB: _____

Class Day & Time: _____

Class Day & Time: _____

STUDENT 2

Name: _____ DOB: _____

Class Day & Time: _____

Class Day & Time: _____

Fall Tuition due:

One class per week per student \$235 _____

Each additional class per student \$200 _____

Private Lesson (call to inquire) _____

TOTAL _____

Send registration & check payment to:

Starbright Dance
3236 N. Southport
Chicago, IL. 60657
773-477-4488

SINGLE CLASS

Single classes may be purchased for a trial or guest for \$20. Please call to schedule.

MAKE-UPS

Missed classes may be made-up within the current session where space is available. Please call to schedule.