



MacCulloch School of Dancing Registration Form 2011 – 2012



Parents _____

Student: _____ **Birth Date** _____

Address _____ **Postal Code** _____

Phone _____ **E-mail** _____

Class Day _____

Time 1 _____

Time 2 _____

*** Please contact Deborah Wheeler deb_wheeler@live.ca for a summary of class fees and family rates.

1. *Payment Enclosed* *Cheque* _____ *Cash* _____ *Balance* _____

2. *Second Payment* *Cheque* _____ *Cash* _____ *Balance* _____



**** PLEASE RETURN THIS FORM ALONG WITH YOUR PAYMENT AND MAKE NECESSARY CHANGES TO THE INFORMATION ABOVE ****