

SYRACUSE SCHOOL OF DANCE  
PATTY BRUNDAGE AND MARY PAT D'ANGELO, DIRECTORS

2009 Summer  
315/472- 0235

REGISTRATION PROCEDURE \*

Registration for summer classes begins NOW. Complete and mail the registration form below with your tuition BEFORE the start of your first class. Please make check payable to:

Syracuse School of Dance  
403 Broadmoor Drive  
Camillus, NY 13031

Please print clearly and fill out every line accurately.

Student Name \_\_\_\_\_

Billing Name (If different) \_\_\_\_\_

Birthdate (Adults optional) \_\_\_\_\_ Age \_\_\_\_\_ Sex (Circle one) M F

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

I wish to enroll in the following classes:

Class (Please use correct title)	Tuition
_____	_____
_____	_____
_____	_____
_____	_____

Tuition Due \$ \_\_\_\_\_

*There are no refunds. However, credit towards another semester will be given if a serious medical condition arises. If so, please contact the School which reserves the right to cancel or merge classes with less than six months.*

Signature of adult student \_\_\_\_\_

Signature of parent \_\_\_\_\_ Spouse's first name \_\_\_\_\_