

Fuzion Summer 2011 Technique Registration Form

Dancer's Name: _____

Parent's Name: _____

Parent's Cell Phone Number: _____

Emergency Contact/Phone Number: _____

Please mark the technique class you would like to participate it:

Class	Session 1	Session 2
Beginning Technique	<input type="checkbox"/> \$18	<input type="checkbox"/> \$18
Intermediate Technique (Tuesday Nights ONLY)	<input type="checkbox"/> \$36	<input type="checkbox"/> \$36
Intermediate Technique (Thursday Nights ONLY)	<input type="checkbox"/> \$36	<input type="checkbox"/> \$36
Intermediate Technique (Tuesday & Thursday Nights)	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60
Advanced Technique (Wednesday Nights ONLY)	<input type="checkbox"/> \$36	<input type="checkbox"/> \$36
Advanced Technique (Thursday Nights ONLY)	<input type="checkbox"/> \$36	<input type="checkbox"/> \$36
Advanced Technique (Wednesday & Thursday Nights)	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60

Total Amount Due: _____

Parent Signature: _____ Date: _____