



# DEBBIE ALLEN DANCE INSTITUTE- HOUSTON

Presented by  
Stage Presence Performing Arts Studio



## REGISTRATION FORM

Each student must complete a separate form. PLEASE PRINT LEGIBLY.

PROGRAM YEAR:  2008  2009  2010  2011

GROUP:  HAPPY FEET (3-5)  INTENSIVE (6-21)

### STUDENT INFORMATION

Student Name:			DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:		Apt#	City:	State:	Zip:
Day Phone:	Evening Phone:		Alternate Phone:		
Last School Attended:	T-Shirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2X <input type="checkbox"/> Youth <input type="checkbox"/> Adult		Email Address:		

### PARENT/GUARDIAN INFORMATION

Parent(s) or Guardian's Name:			Relationship:		
Address: (if different from student):		Apt#	City:	State:	Zip:
List telephone numbers and email where parents/guardian can be reached while student will be in care:	Day:	Work:		Cell:	
	Evening:	Email Address:			

Give the name(s) of person to call in case of an emergency if parent's/guardian cannot be reached:

Name	Phone	Relationship

### MEDICAL CONTACT INFORMATION

Physician's Name:	Address:	Phone:
Allergies:		

#### Acknowledgement

I understand that this form will dually serve as a registration form and a media release. In addition, I further understand that the \$100.00 deposit and \$50.00 registration fee is non-refundable and used to hold my/ my child's spot for DADI. The remaining balance is due by June 15.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### CREDIT CARD AUTHORIZATION

CARD HOLDER NAME: \_\_\_\_\_

CARD TYPE:  VISA  MC  DISCOVER

CC# \_\_\_\_\_ EXP \_\_\_\_\_ SEC.CODE \_\_\_\_\_ \*3#'S ON BACK

SAME AS ABOVE OR BILLING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ BILLING ZIP CODE \_\_\_\_\_

CARDHOLDER SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

(BY SIGNING THIS FORM I AUTHORIZE STAGE PRESENCE TO CHARGE MY CREDIT/DEBIT CARD)

**FAX TO 713-995-6899**

#### FOR OFFICE USE ONLY

Date: \_\_\_\_\_

- Completed Registration Form
- \$50 Registration Fee (Non-Ref)
- \$100 Deposit (Non-Refundable)
- Paid in Full

BALANCE DUE: \$ \_\_\_\_\_ .00

Received By: \_\_\_\_\_

Cash  Check  MO  Credit Card