

Debbie Allen Dance Institute

Registration Application June 7 – June 20, 2009

Student Name _____

Street Address/Apt. # _____

City _____ State _____ Zip Code _____

Telephone (____) _____ Age ____ Birth date ____/____/____

E-Mail _____

Last School Attended _____ M ____ F ____

Are you a returning student from the Institute? ____ Yes ____ No

T-Shirt Size _____

Parent/Guardian Name _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

Street Address/Apt. # _____

City _____ State _____ Zip Code _____

In case of emergency call:	Name	Phone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____

Physician's Name _____ Phone _____

For Office Use Only

____ Completed Registration Form

____ \$25 Application Fee (nonrefundable)

____ \$100 deposit (applied toward tuition)

____ Balance due June 7

Tuition \$500

\$25 Application Fee (nonrefundable)

Total \$525

A \$100 deposit and a \$25 application fee must accompany each completed registration form. Tuition balance of \$400 due June 7, 2009.

Please make check or money order payable to Imagination Celebration Fort Worth.
Call the ICFW office, 817-870-1141, for Credit Card Payment
Mail application to ICFW: 1300 Gendy #210, Fort Worth, Texas 76107

I grant Imagination Celebration Fort Worth permission to use, publish, and display for any legal purposes in order to provide information about ICFW, any or all photographs, videos, or descriptive text in which I or the Minor(s) whom I am responsible for appear(s).

Signature of Parent/Legal Guardian _____ Date _____