

# Debbie Allen Dance Institute - Dallas

## Registration Application June 21 – July 2, 2010

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 1

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 1, 2010.

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 \_\_\_\_\_