## **Aubrie Shugart School of Dancing Registration Form 2023-24**

Dancer's Last N	lame	First Name			MI
		(Sibling	) First Name		MI
Billing Address_		City_		Zip	
Age (as of Sept. 1	, 2023),	Date of Bir	th	,	
Grade	· · · · · · · · · · · · · · · · · · ·				
Mother's Name_		Fa	ther's Name		
Home Phone	Cell	l Phone		_ Work Phone	
E-Mail Address:					
Other Person to	notify in case of emerg	gency:			
Name Phone			Phone		
Please let us know	of any health problem	s such as: asthma	a, allergies, epilepsy, ł	neart conditions, or sto	omach problems etc.
	yable to, Aubrie Shug Shugart School of I gartdance.com		•	, TX 77901 Phone	e: 575-1672
U					
Amount of tuiti	on enclosed:		CK#		
2023-2024 Fa	ll/Spring Nine Mo	onth Season	September 5, 20	23 through May	30, 2024
Student	Class Title	Day	Class Time	Class Length	Tuition