Aubrie Shugart School of Dancing Registration Form 2026-27

Dancer's Last Name_____ First Name_____ MI_____

(Sibling) **First Name** _____ **MI**_____

Billing Address_____ City_____ Zip_____

Age (as of Sept. 1, 2026) _____, _____ Date of Birth_____, _____

Grade _____ , _____

Mother's Name_____ Father's Name _____

Home Phone_____ Cell Phone _____ Work Phone_____

E-Mail Address: _____

Other Person to notify in case of emergency:

_____ _____

Name **Phone**

Please let us know of any health problems such as: asthma, allergies, epilepsy, heart conditions, or stomach problems etc.
_____.

Make checks payable to, Aubrie Shugart School of Dancing.
Mail to: Aubrie Shugart School of Dancing, 408 W. Stayton, Victoria, TX 77901 Phone: 575-1672
www.aubrieshugartdance.com

Registration Fee ($30.00/Child): _____
Amount of tuition enclosed: _____ CK#_____

2026-2027 Fall/Spring Nine Month Season September 8, 2026 through May 27, 2027

Student	Class Title	Day	Class Time	Class Length	Tuition