

DANCE REPUBLIC TRIAL CLASS PASS

Pass is good for 1 week starting on : _____

STUDENTS NAME: _____

PARENTS NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

CLASS OR CLASSES : _____

HOW DID YOU HEAR ABOUT US?

I Release Dance Republic from any and all responsibility for my child participating in dance class. The above student will participate at their own risk.

PARENT OR GAURDIAN SIGNATURE:

DATE:
