

TRIAL CLASS INFORMATION FORM
Dance Central performing arts, LLC
Pearl River, New York

STUDENT'S NAME: _____

STUDENT'S AGE/DOB: _____

PRIOR DANCE EXPERICE:

HOW MANY YEARS: _____

WHAT FORMS OF DANCE: _____

MOTHER'S NAME: _____

PARENTS CELL PHONE #: _____

PARENT'S E-MAIL: _____

CLASSES TRYING: 1. _____

2. _____

3. _____

4. _____

NOTES:

I have agreed to let me child take the above mentioned free trial classes. In the event of accident or injury I will not hold Dance Central performing arts, LLC responsible.

Signed: _____ **Dated:** _____