buffa's dance studio ltd.
burke village center
9570-h burke road
burke, VA 22015
703-425-5599
703-425-5676 Fax
www.buffas.com
Email: BuffaDance@msn.com

REGISTRATION FORM

2010-2011

*Please include Registration Fee and first monthly tuition payment.
* Please make check payable to Buffa's Dance Studio.
***Non-Refundable Costume/Recital Fee due between Registration and November 1, 2010.**
***Recital Dates are June 23, 24 and 25, 2011**

Student's Name _____ Home Phone _____

Address _____ City _____ Zip _____

Email Address _____ Cell Phone _____
(Where BDS can send important updates - Please print clearly)

School _____ Grade _____ Age _____

Birthdate _____/_____/_____ Important Medical Information _____

Mother's Name _____ Day Phone: _____

Father's Name _____ Day Phone: _____

Emergency Contact _____ Phone _____

Person Responsible for Account _____ Day Phone _____

Address (if different from student's) _____

	CLASS	DAY	TIME	INSTRUCTOR	Office Use
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

FOR OFFICE USE ONLY

Fee Paid: Reg: _____ Tuition: _____ Date: _____ VF: _____ CR: _____