



**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

## 2009-2010

\*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 2, 2009.**  
**\*Recital Dates are June 24, 25 and 26, 2010**

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)	_____	_____	_____	_____	_____

<b>FOR OFFICE USE ONLY</b>				
Fee Paid:	Reg: _____	Tuition: _____	Date: _____	VF: _____ CR: _____