



Registration Form Summer 2008



Buffa's Dance Studio, Ltd
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 9570-H Burke Road, Burke VA 22015
 Tel: (703) 425-5599 Fax: (703) 425-5676

Account Information (per family):

Parents Name: _____ Home Phone: _____
 Address: _____ Cell Phone: _____
 _____ E-mail: _____

Registration Information for Summer Classes (per family):

*****For Dance Camp, Ballet Workshop, Dance Connection - Use Camp Registration Form*

	<u>Student Name</u>	<u>Age</u>	<u>Class</u>	<u>Day/Time</u>	<u>Instructor</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____

I understand that refunds are given only when the studio is unable to offer the selected course. I recognize that risks of illness/injury are inherent in any dance or movement program. I hereby waive, release and hold harmless Buffa Hargett, her heirs, and staff from liability or claims resulting from my participation or my child's participation in dance or related classes. My signature below serves as a release for the use of any and all photos taken for publicity or other purposes.

 Signature of Parent or Guardian _____
Date

Office use only: FP _____ DT _____ VF _____ CR _____ DB _____