

# STARZ DANCE GALAXY

## SUMMER REGISTRATION FORM & CLASS SCHEDULE

**109 STATE ROAD 436, FERN PARK, FL 32730 \*\* 407.332.7827**

**Come enjoy our SUMMER Classes!**

**It's a 3 week summer session! \*\* Get 6 classes in just 3 weeks!**

**COME JOIN THE FUN!**

**July 7 - July 23, 2020 — (3 Tuesdays & 3 Thursdays)**

CLASS	DAY	TIME	AGES	PRICE	_____
Tiny Starz (leotard, tights, hair in a bun, pink ballet shoes & tan tap shoes required for class)	Tues & Thurs	6:00-6:25pm	(age 2)	\$80.00	_____
Tiny Starz (leotard, tights, hair in a bun, pink ballet shoes & tan tap shoes required for class)	Tues & Thurs	6:45-7:10pm	(age 2)	\$80.00	_____
Pre Starz 1 (leotard, tights, hair in a bun, pink ballet shoes & tan tap shoes required for class)	Tues & Thurs	6:30-7:10pm	(age 3- 4)	\$95.00	_____
Pre Starz 2 (leotard, tights, hair in a bun, pink ballet shoes & tan tap shoes required for class, <b>MUST HAVE</b> Pre Starz 1 experience)	Tues & Thurs	6:00-6:40pm	(ages 4)	\$95.00	_____
Jr. Acro (leotard or shorts, tights w/leotard, hair in a ponytail, bare-feet!)	Tues & Thurs	6:30-7:10pm	(ages 5-7)	\$95.00	_____
Starz Combo (Ballet & Jazz Combo – leotard, tights, hair in a bun, pink ballet shoes required for class)	Tues & Thurs	7:15-7:55pm	(ages 5-7)	\$95.00	_____

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Student Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE \_\_\_\_\_ Grade/School: \_\_\_\_\_ Dance Experience: \_\_\_\_\_

Tele: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**LIABILITY WAIVER: STARZ DANCE GALAXY provides classes & training at the exclusive risk of the participants. Your signature below indicates your (parent/guardian) complete understanding & acceptance of this liability waiver & your consent for any emergency medical treatment. STARZ DANCE GALAXY does not carry any medical insurance for its students or guests. All fees are non-refundable. We reserve the right to cancel any class/camp that does not meet our minimum requirements (in this case, fees would be refunded).**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For OFFICE USE ONLY:**  
 Amount Paid: \_\_\_\_\_ Credit Card/ CASH: \_\_\_\_\_ DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_