



DanceSport Center

REGISTRATION FORM AND SURVEY

Name: _____ Name: _____

Address: _____

City and Zip: _____

Cell phone: _____ Cell phone: _____

Home Phone: _____

Email address: _____

Email address: _____

Today's Date: _____

Class month, day and location for which you are registering:

Please take a few moments to answer the following questions.

- 1) Have you taken lessons before and if so with whom?
- 2) How did you hear about us? Scotsman, Cambridge Star, referred (by whom?) or other?
- 3) Do you know of anyone who would be interested in learning more about dance or fitness classes?
Please write names and contact info below.

Tuition is due on or before the first day of class. All classes are filled on a first come first served basis. At no time is DanceSport Center, LLC, Tracy Heinze, Vern Heinze, any teachers, instructors, or trainers, WillowBridge Center or any facility owners responsible for any lost or stolen property or for any injury that occurs on the premises. Always consult your physician before beginning this or any other physical activity or fitness regimen. Parent required to sign for children.

Signature: _____ Date: _____

Signature: _____ Date: _____

Make checks payable to DanceSport Center, LLC and mail to
Tracy Heinze/DanceSport Center, LLC, 32333 Tucker St NE, Cambridge, MN 55008