



Phone: 610-385-1001 • www.outshinedance.com

REGISTRATION FORM

*This is not a guarantee, only a request for a class. No class is confirmed until we check for availability.
Registration fee of \$30.00 per family per year. This information will not be shared or distributed.

Parents Name _____
 Email Address _____
 Street Address _____
 City _____
 State _____ Zip _____
 Home Phone _____ Cell _____
 Work Number _____

Please mail this form to:

Outshine Dance & Fitness
 1 Park Lane Ste. 102
 Douglasville PA 19518

Child#1 Name _____
 Child's DOB _____
 Class requested _____
 Day of Class _____ Time of Class _____

Child#2 Name _____
 Child's DOB _____
 Class Requested _____
 Day of Class _____ Time of Class _____

Child#3 Name _____
 Child's DOB _____
 Class Requested _____
 Day of Class _____ Time of Class _____
 Emergency Contact _____ Number _____

Please list any medical conditions that we should be aware of

Parents Signature _____ Date _____