



FOCUS Dance Center Competition Starter Program Registration Form

Dancer's Name: _____ Age _____ Birthdate: _____
as of 1/1/25

Parent's Name: _____

Address: _____

City: _____ Zip Code: _____

Parent's Cell Phone: _____ Parent Home Phone: _____

Email (PLEASE PRINT CLEARLY): _____

Competition Starter Program
Assessment Day: September 7th, 2024 at 12pm
Ages 4-6 (as of 1/1/25)

TOTAL COST: \$ 50

I understand that there are **NO REFUNDS** _____
Parent/Gaurdian Signature Date

OFFICE USE ONLY

Total Paid: \$ _____ Paid by: _____ Cash _____ CC _____ Check # _____

Date: _____ Recieved by: _____ DW Account #: _____