## 2025-2026 DANCE WITH STACEY FALL EVENING CLASS REGISTRATION FORM

NAME		AGL	_BIRTHDATE	
1 <sup>ST</sup> PARENT NAME EMAIL:		CELL# WORK#		
2 <sup>ND</sup> PARENT NAM EMAIL:	E	WO	_CELL# RK#	
ADDRESS CITY/ZIP			HOME#	
			ANCE WITH STACEY: ANNIVERSARY AWARDS)	
*WHAT OTHER DAN INVOLVED WITH RE			THE STUDENT BEEN	
<u>C</u>	LASSES TO	BE ENROL	LED IN:	
1. DAY	AGE	TIME	TYPE	_
2. DAY	AGE	TIME	TYPE	_
3. DAY	AGE	TIME	TYPE	_
THEM AND WILL PAY T		NG FEES IF WE W due first class of 1 <sup>st</sup> /Nov. 1 <sup>st</sup> and I		