

Community Dance Registration Form - Fall 2009

10022

One registration form per person, please duplicate form.

Student Name _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Home Telephone # (_____) _____ - _____

Emergency Telephone # (_____) _____ - _____

Email (required) _____

How did you hear about the dance program? _____

ADA accommodations requested.

Please check if any apply to you: TWU Student TWU Faculty/Staff

Please fill in appropriate information for each class you enroll for:

Day	Class	Time	Age Group	Fee
Total Fee Enclosed				

Payment Information:

Check enclosed for \$ _____ Check # _____
(payable to Texas Woman's University)

I hereby authorize TWU to charge my
 Visa MasterCard American Express in the amount of \$ _____

Card Number _____ / _____ / _____ / _____

Expiration Date _____

Signature _____

Priority Code: 10022B

Return Completed form and fee to:

TWU, Office of Lifelong Learning

P.O. Box 425649

Denton, Texas 76204-5649

Fax to: 940.898.3416

Office Use Only
Date Rec _____
Fee _____
Cash _____
Check # _____
Charge _____
Auth # _____
Other _____