

American Ballroom Dance Academy Student Registration Form

American Ballroom Dance Academy

STUDENT INFORMATION						
Name						
First				Last		
Address						
Street						
City			State		Zip	
Phone						
Home						
Work						
Cell						
E-Mail						
Birthday						
Month				Day		
CLASS PREFERENCES						
Location						
Portland	Biddeford	Lewiston	Harrison	Brunswick	Augusta	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Day and Time of the Class						
Mon	Tue	Wed	Thu	Fri	Sat	Time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dance Instruction						
Latin	Ballroom	Private				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				