

**LOPRESTI
DANCE THEATRE
REGISTRATION**

LAST NAME: _____

CHILD'S
FIRST NAME: _____ DOB: _____

STREET: _____

CITY : _____ ZIP CODE: _____

PHONE #: _____ CELL#: _____ EMAIL: _____

MOM & DAD: _____

REGISTRATION DATE : _____

AMOUNT PAID: \$ _____ CASH - CREDIT - CHECK

CREDIT CARD : VISA MASTER AMEX DISCOVER

CREDIT CARD NUMBER: _____

EXP. DATE : _____ CVV: _____

YOUR CREDIT CARD NUMBER WILL BE KEPT ON FILE. IF YOUR TUITION IS NOT PAID BY THE 10TH YOUR CARD WILL BE CHARGED AUTOMATICALLY. REGISTRATION WILL NOT BE TAKEN WITHOUT A CREDIT CARD NUMBER.

DANCE EXPERIENCE: _____

MEDICAL ISSUES: _____

HOW DID YOU HEAR ABOUT US: _____

SIBLINGS THAT DANCE AT LDT: _____

REGISTERED CLASSES:

