

Applicant's Name _____ Age _____

Parent/Legal Guardian Name (if under 18) _____

Contact info

Address _____

Phone # _____ Cell # _____

Email Address _____

Have you ever taken classes at LTW Studio of Dance? _____

If so, what classes and when? _____

How many family members currently live in your home? Ages?

What classes are you (your child) wanting to take or are interested in?

Are you (or your child) planning on attending one, two, or all three sessions, plus the recital?

Please explain your situation and/or hardship.
