

Registration Form

CLASS TIME/LOCATION:

AMOUNT ENCLOSED:

NAME:

ADDRESS:

CITY:

STATE: ZIP:

HOME PHONE:

WORK PHONE:

E-MAIL ADDRESS:

Registration deadline is one week before session start date. No refunds after registration deadline. Please complete registration form below and mail to:

Samantha Fairuz
P.O. Box 11303
Shorewood, WI 53211

Payment in full required upon registration. Please make checks payable to 'Samantha Fairuz'. There will be a \$30.00 fee for any returned check.

I understand that by participating in a dance or exercise program possible risk or injury could occur. I agree to participate at my own risk and also agree that Samantha Fairuz and any guest instructors will assume no responsibility for injuries or medical expenses incurred as a result of participating in class. I have no physical or medical problems which would interfere with my participation in classes.

Signature: Date:
