105 South Main Street		
	Registration Form Winter	/Spring 2024
Wauconda, IL. 60084	Session runs January 14th thro	ough Junne 1st 2024
DanceWauconda.com	-	-
(847) 487-4700		
Family Last Name:		
Parent or Guardian Name:		
Address: City:	Zin Coder	
-		
Home Phone:		
Email Address:		
Student #1 Name:	Birth Date:	Age:
Student #2 Name:		Age:
Student #3 Name:	Birth Date:	Age:
Medical Needs:		-
Classes you are Registering for:		
Student # Class	Day & Time	Tuition
	-	
	Discount if applicable:	
If you are not paying in full, we will need a cro	Discount if applicable: TOTAL DUE:	
If you are not paying in full, we will need a credit of the checks. Please choose payment methods	Discount if applicable: TOTAL DUE: edit card and signature on file or po	
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