KALEIDOSCOPE OF DANCE REGISTRATON

Studio Name:	**Director's Name:**
Studio Address:	**Phone # and email address:**

Student Name	DOB	Level	Spotlight Audition	Dance One	Dance Two	Dance Three
Name	Date	Drop Down	Check Box	Check Box	Check Box	Check Box
		Beginner / Int/Advanced				
		Beginner / Int/Advanced				
		Beginner / Int/Advanced				
		Beginner / Int/Advanced				
		Beginner / Int/Advanced				
		Beginner / Int/Advanced				
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		Beginner / Int/Advanced				
		Beginner / Int/Advanced				
		Beginner / Int/Advanced				

Student Name	DOB	Level	Spotlight Audition	Dance One	Dance Two	Dance Three
		Beginner / Int/Advanced				
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		Beginner / Int/Advanced				
		Beginner / Int/Advanced				
		Beginner / Int/Advanced				
		Beginner / Int/Advanced				

Total # of Dancers:	X$150	TOTAL	X$50	$100	$100	$100
	_____		_____	**$100**	**$100**	**$100**