

# 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  
1905 E. Newton Avenue  
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:

---