SPOTLIGHT DANCE LLC

2016 RECITAL PARTICIPATION FORM

	My child/children has/have my permission to pa Please print your child's first & last name as recital program.			
	Student I Name:			
	Student 2 Name:	 		
	Student 3 Name:			
	Student 4 Name:			
	Student 5 Name:	 		
	Parent's Name:			
	Parents' Signature:	C	Date: _	
	Description	Qty	Cost*	Total Deposit (Qty x Cost)
	Student 1: Number of Classes Taken		\$35	
	Student 2: Number of Classes Taken		\$35	
	Student 3: Number of Classes Taken		\$35	
	Student 4: Number of Classes Taken		\$35	
	Student 5: Number of Classes Taken		\$35	
	Number of Students Participating in the Recital		\$10	
	Total Amount Due by February 6th, 2015:			
	*For Boys and Adults cross through the \$35 cost and write in \$25.			
	My child/children will not be participating in the	recital.		
	Student Name(s):			
	Parent's Name:			
	Parents' Signature:	C	Pate: _	