Princeton Dance & Theater Studio

Number

Please complete and return form with $25.00 in person fee or $35.00 video fee
Payable to: **PDT Studio** Address: 116 Rockingham Row, Princeton, NJ 08540

Circle one: Auditioning by ***VIDEO*** or ***IN PERSON***.

Circle one: Interested in ***DAY*** or ***BOARDING STUDENT***.

Date: _____ Male Female (Circle one) Birthday: _____
Age: _____ (As of June 1, 2011)

Student: _____ Height: _____
Weight: _____

Address: _____

_____
City State Zip Code

Daytime Phone: ( ) _____ Evening Phone: ( ) _____
Cell Phone: ( ) _____
E-mail address: _____

Current Dance School: _____
Classes per week: _____ Years of Training: _____

Summer programs you have attended in the past two years: _____

_____

Parent or Legal Guardian: _____
Home Address (if different from above): _____
Parent or Legal Guardian emergency phone number (cell) _____

Please attach a photograph in first arabesque.

I certify that my child is in good health and capable of participating in all activities and classes. I hereby release and forever discharge PDT Studio of and from any and all claims, demands, rights or cause of action of whatsoever kind or nature, arising from, or by reason of, any and all known or unknown, foreseen or unforeseen bodily or personal injuries and the consequences thereof.

Signature of Parent of Guardian _____ Date _____

PDT use only

Number _____	Comments _____