



**buffa's
dance
studio
ltd.**

burke village center
9570-h burke road
burke, VA 22015
703-425-5599
703-425-5676 Fax
www.buffas.com
Email: BuffaDance@msn.com

REGISTRATION FORM

2016-2017

*Please include Registration Fee and first monthly tuition payment.
*Please make check payable to Buffa's Dance Studio.
***Non-Refundable Costume/Recital Fee due between Registration
and November 1, 2016.**
***Recital Dates are June 23, 24 and 25, 2017**

Student's Name _____ Home Phone _____

Address _____ City _____ Zip _____

Email Address _____ Cell Phone _____

(Where BDS can send important updates - Please print clearly)

School _____ Grade _____ Age _____

Birthdate ____/____/____ Important Medical Information _____

Mother's Name _____ Day Phone: _____

Father's Name _____ Day Phone: _____

Emergency Contact _____ Phone _____

Person Responsible for Account _____ Day Phone _____

Address (if different from student's) _____

	CLASS	DAY	TIME	INSTRUCTOR	Office Use
(1)	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____
(3)	_____	_____	_____	_____	_____
(4)	_____	_____	_____	_____	_____
(5)	_____	_____	_____	_____	_____
(6)	_____	_____	_____	_____	_____

FOR OFFICE USE ONLY					
Fee Paid:	Reg: _____	Tuition: _____	Date: _____	VF: _____	CR: _____