



1701 Eyelet Road, Dixon, IL
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Fall Registration

Preferred class _____

Class day & time _____

Mom _____

phone _____

work phone _____

address _____

city, zip _____

email _____

Dad _____

phone _____

work phone _____

address _____

city, zip _____

email _____

dancer _____ grade _____

date of birth _____ age _____

phone _____

date registered _____ pd _____

dancer _____ grade _____

date of birth _____ age _____

phone _____

date registered _____ pd _____

dancer _____ grade _____

date of birth _____ age _____

phone _____

date registered _____ pd _____

_____ I understand that Centerstage Dance Company, its employees and staff disclaim any and all liability for loss of injury sustained by this family at any time before, during after class session, rehearsal or performance.

_____ I have read the rules, either on Centerstage website or handbook and understand the payment schedule and that i am liable for fees as i have approved.

_____ I give permission to Centerstage to use any photos taken of my child as advertisement