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REGISTRATION FORM

Windfall Dancers, Inc.
1101 N. Dunn Street
Bloomington, IN 47408

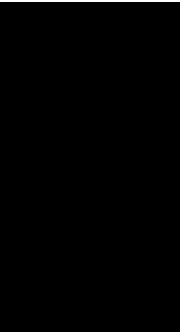
NEW STUDENT?

___ YES ___ NO

NAME**STREET ADDRESS****CITY, STATE , ZIP****DAYTIME PHONE****EVENING PHONE****EMAIL****AGE**

If under 18, name of parent or guardian

PLEASE REGISTER ME FOR THE FOLLOWING CLASSES

	CLASS	TUITION
		\$
		\$
		\$
		\$
		\$
		\$
	VOLUNTARY CONTRIBUTION TO SCHOLARSHIP FUND	\$10.00
AMOUNT DUE		\$

CASH _____	MONEY ORDER ____	CHECK ____
CREDIT CARD	MASTERCARD _____	VISA _____

ACCOUNT #**EXP. DATE**

(MM/YY)

NAME ON CARD	
SIGNATURE	X

PLEASE READ AND INITIAL THE FOLLOWING 4 STATEMENTS:

____ I agree to be responsible for my (or my child's safety), by warming up adequately, not dancing while injured, and by wearing appropriate dancewear during class.

____ I give Windfall permission to seek emergency medical care on my (or my child's behalf) in the event of a life-threatening situation or injury.

____ I agree I am responsible for my (or my child's own well-being, and I release Windfall Dancers, inc. from liability should I (or my child) be injured while here. In return, Windfall promises to take all reasonable precautions to keep students safe.

____ I give Windfall permission to take my (or my child's) photograph for archival and promotional purposes and understand that I will not be compensated for any use of my image.