



REGISTRATION FORM FALL/WINTER/SPRING 2011-2012

Name _____ Age/Grade _____

Address _____

Town/City _____ State _____ Zip Code _____

Tel _____ Emergency Tel _____ ***E-mail _____

Parent Signature _____ Total Amount Enclosed _____

Professional

Studio

School

REGISTRATION: June 16- September 10, 2011, 9:00-5:00PM, by phone, mail or in person
 You may mail this form along with a check to Art of Motion, Inc. Refunds honored due to medical or other emergency. Class credit given.

Offering

Fees: \$25.00/Registration Fee, Tuition fees to be determined based on student registration. 1,2,3,4,5+ times/week

Classes

Please state all allergies/ injuries _____

SEMESTER BEGINS SATURDAY, SEPTEMBER 10th, 2011 and goes through FRIDAY, JUNE 15th, 2011.

In

Write in the Day, Time, and Class Name and Level of the class chosen from the AOM schedule.

Ballet

Modern

Jazz

Pilates

Tap

Theatre Dance

Yoga

Improvisation

Composition

Vocal

Privates

Master Classes

DAY	TIME	CLASS	TEACHER
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			
PAYMENT	DATE	AMT ...(Late Fee if applicable)	R#

(This row filled out by AOM office)

Special Events

Performances

Art of Motion, Inc.
 a non-profit educational and cultural organization
 The Performing Arts Building

17 Chestnut Street, 2nd Floor Ridgewood, NJ 07450 T:1.201.652.5800 F:1.201.652.3347 E:artofmotion.inc@gmail.com