

**FANCY FEET DANCE & FLOOR GYMNASTICS STUDIOS, INC.**

1898 Windsor Square Drive Ste. B, Matthews, NC 28105

**CELEBRATING 26 YEARS OF EXCELLENCE!**

- #1 Ranked studio in North Carolina as voted Nationwide in Dancer Magazine
- Home of Dancer Magazine's "Teacher of the Year": David and Justin Mann
- The only North Carolina studio to win the FDC cup in 2007, 2008, &2009
  - Ranked #6 studio in the Nation by the FDC

P.O. Box 2233

Phone: (704) 847-7138

Matthews, NC 28106

Email: [FancyFeet@windstream.net](mailto:FancyFeet@windstream.net)

Website: [www.FancyFeetDanceStudios.com](http://www.FancyFeetDanceStudios.com)

**PLEASE PRINT CLEARLY AND COMPLETE IN FULL.**

Class Code	Last Name	First Name	Birth date	Gender	#year of dance/gym
1)	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____
4)	_____	_____	_____	_____	_____

Please list any medical concerns that need to be noted: \_\_\_\_\_

**Mailing Address:**

Street: \_\_\_\_\_ Subdivision: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you learn about Fancy Feet? \_\_\_\_\_ (if referred by a friend, fill out a VIP form)

**Family Information** (required for verification and security reasons):

**Mother:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (needed for your security)

Name of Business: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Father:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (needed for your security)

Name of Business: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Financially Responsible Party** (if different from above):

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Business: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**PLEASE NOTE:**

*\*No refunds, pro-rated or waived charges.*

*\*You must submit a 30 day written notice for discontinuation of classes. If notice is not given, you will be responsible for the amounts charged and you will be charged a \$25.00 last minute processing fee.*

(OFFICE USE ONLY)

Registration Fee: NC: \$ \_\_\_\_\_ CC: \$ \_\_\_\_\_ FC: \$ \_\_\_\_\_ Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Monthly Tuition Rate: \$ \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Method Paid: Credit Card Cash Ch# \_\_\_\_\_

Apply To: \_\_\_\_\_

Information: \_\_\_\_\_