


Registration Form

Parent names		#
address		
city	state	zip
home phone	work phone	
cell phone	email	
student name		#
DOB	age	today's date
medical issues/allergies/major injuries:		
prior dance training:		
prior music training:		
please list the classes that you will be taking this session:		
\$30 Registration	pd	waived
referred by _____		
 <p>send to : Sheridan Productions, 3815 N. University Ave. Carencro LA 70520</p> <p style="color: blue;">checks should be made payable to Sheridan Productions</p>		
tuition payment enclosed amt. _____ ck# _____		

please call or email if you have trouble determining your tuition amount.

(337) 896-1874

familysheridan@bellsouth.net