

Mary Kay Manning Dance Studio Class Registration Form

Student's Name _____

Classes Desired

Second

Choices _____

No. of weekly classes _____ Amount
Submitted _____ Date _____

Credit card information for automatic monthly payment deductions.

Name on card _____

Street

Address _____ City _____

State _____ Zip Code _____ Type of
card _____ Card

Number _____ Expiration

Date _____ Code on Back _____

Signature _____ Date _____