

*Mar-Le-Nie Dance Studio, Inc.*  
140 North Third Street, Chambersburg, PA 17201  
717-263-1486

Please fill out the following information and place in the fees box. Thank you.

Dancer's Name: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

How did you hear about Mar-Le-Nie Dance Studio \_\_\_\_\_

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Dancer's Level/Class (please circle one, ask the Director if unsure)

Creative Movement (\$30/month)

Alumni (\$20/month)

Creative Mvmt/Balcony Crossover (\$40/month)

Mezzanine (\$50/month)

Balcony (\$45/month)

Orchestra (\$60/month)

Open (\$50/month)

A one time non-refundable registration fee of \$15.00 is required with this application.

I have received and read the Welcome Letter, and I agree to abide by the guidelines of Mar-Le-Nie Dance Studio, Inc. (Please sign below.)

Dancer: \_\_\_\_\_

I have received and read the Welcome Letter, and I agree to abide by the guidelines of Mar-Le-Nie Dance Studio, Inc. I further agree to pay the monthly class fees and other fees agreed upon for services rendered through this studio. (Please sign below.)

Parent/Guardian: \_\_\_\_\_