

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

Please fill out the following information and return to Beth Rensch. Thank you.

Dancer's Name: _____

Parent's name: _____

Address: _____

Phone #: _____

E-Mail: _____

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

Creative Movement (\$30/month)

Alumni (\$20/month)

Creative Mvmt/Balcony Crossover (\$35/month)

Mezzanine (\$45/month)

Balcony (\$40/month)

Orchestra (\$55/month)

Open (\$45/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: _____