

Gotta Dance
BIRTHDAY PARTY/SPECIAL EVENT REQUEST
REGISTRATION FORM

PLEASE CHECK OFF THE TYPE OF REQUEST:

BIRTHDAY PARTY
 LINE DANCE INSTRUCTION
 WEDDING DANCE INSTRUCTION
 ZUMBA EVENT
 PRIVATE DANCE LESSONS

DATE/TIME REQUESTED: _____

INSTRUCTOR REQUESTED (if applicable): _____

***EACH GUEST OR GUARDIAN PARTICIPATING IN THE EVENT WILL NEED TO SIGN IN PRIOR TO THE EVENT.**

CONTACT PERSON NAME: _____

ADDRESS: _____ **ZIP:** _____

HOME: _____ **CELL:** _____ **EMAIL:** _____

BIRTHDAY CHILD/EVENT HONOREE NAME: (if applicable) _____

D.O.B. _____ **AGE:** _____

BIRTHDAY PARTY/EVENT THEME (if applicable) _____

****Gotta Dance* RESERVES THE RIGHT TO ANY SCHEDULE CHANGES.
IF SUCH CHANGES TAKE PLACE YOU WILL BE NOTIFIED IMMEDIATELY.**

****Gotta Dance* has a “no refund policy” on event fees.**

***Gotta Dance* AND ITS INSTRUCTORS ARE NOT LIABLE FOR PERSONAL INJURIES OR LOSS OR DAMAGE TO PERSONAL PROPERTY. EACH STUDENT MAY DECLINE TO PARTICIPATE IN ANY ACTIVITY. PLEASE INFORM INSTRUCTOR OF ANY PHYSICAL LIMITATIONS WHICH MAY PREVENT FULL PARTICIPATION IN THE EVENT.**

CONTACT PERSON SIGNATURE: _____ **DATE:** _____

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