



IN.MOTION School of the Performing Arts
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REGISTRATION FORM

NAME:

CHILD'S NAME:

PHONE NUMBER:

EMAIL ADDRESS:

ADDRESS:

AGE OF STUDENT:

#OF YEARS IN DANCE/DISCIPLINE

**PLEASE LIST THE CLASS (ES) YOU
ARE INTERESTED IN FOR THE FALL:**

**PLEASE LIST THE CLASS (ES) YOU
ARE INTERESTED IN FOR THE SUMMER:**

AREAS OF INTEREST:

JAZZ

TAP

BALLET

BALLET EXAMS

ACRO

HIP HOP

IRISH

VOICE

DRAMA

YOGA

PILATES

BALLROOM

LYRICAL

MODERN

ZUMBA

PARTNERING

LEVEL OF INTEREST:

PRE.MOTION

AD.MOTION

PRO.MOTION

ARE YOU PART OF THE CURRENT COMPETITION TEAM? YES NO

IF YES TO ABOVE PLEASE LIST YOUR CURRENT COMPETITION ROUTINES:

ARE YOU INTEREST IN NEXT YEAR'S COMPETITION TEAM? YES NO

Please either e-mail this form to IN.MOTION or print and bring into IN.MOTION with you.