

TO BE FILLED OUT BY  Payment Receipt # \_\_\_\_\_  Picture Taken  Payment Record Sheet in Book  
 OFFICE PERSONNEL ONLY  Dates Verified  Student Notified **Number of Years** \_\_\_\_\_ **Months** \_\_\_\_\_ **as of** \_\_\_/\_\_\_/\_\_\_

## RETURNING STUDENT'S FORM

**Please Print:**

NAME \_\_\_\_\_ PERFORMER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL \_\_\_\_\_

I understand that I will indemnify, defend and hold Isis, the Isis Studios and other teachers harmless from any claim, action, liability or costs out of my use of any portion of the property including the premises, common areas and facilities and for injuries sustained during classes.

I understand that make-up classes are available for missed classes and these missed classes may not be used in lieu of monthly payments. Monthly fees will not be prorated for missed classes. Missed classes must be made up that month or the following month only.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

*We are so glad that you have chosen*

*to return to Isis studios!*

*Welcome back!!*



*Isis*  
**STAR DANCER  
 STUDIO**



Instructor/Artistic Director/  
 Choreographer/Entertainer,  
 Editor THE BELLY DANCE  
 CHRONICLES Magazine

**RE-REGISTRATION**

TODAY'S DATE  
 \_\_\_\_\_

LAST DATE ATTENDED  
 \_\_\_\_\_

**CLASS Returning to**

BELLY DANCE

DRUM

HULA

FUSION

DAY OF CLASS \_\_\_\_\_

TIME OF CLASS \_\_\_\_\_