

TO BE FILLED OUT BY
OFFICE PERSONNEL **ONLY**

Payment Receipt # _____ Picture Taken Payment Record Sheet in Book
 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 _____

FACEBOOK NAME _____

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!!*



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

FUSION

DAY OF CLASS _____

TIME OF CLASS _____

HULA