

Bellydance Class Registration Form

Name _____
Address _____
City _____ State _____
Zip _____
Phone _____
Email _____

Class title _____ Day _____ Starting
Date/Time _____ Price _____

Class title _____ Day _____ Starting
Date/Time _____ Price _____

Total for classes, check or MO enclosed \$ _____

Send registration to: Leslie Rosen – 5332 South Fountain St Seattle, WA 98178

Thank you for your advance registration. It makes planning classes much easier!

Cancellation Policy: Sorry, but there are no make-ups or refunds for missed classes. With the pre-registration rate, you are receiving a discount for your pledge to be there. This in turn enables me to commit time and expense to hold the class. I do allow drop-ins, but you will pay a little more for each class.

Waiver: I (Print Name) _____ am
of able body and sound mind, and understand that bellydancing is a strenuous
physical activity. I take full responsibility for my own health and welfare as a
participant in this class. I assume all risks and hazards incidental to my
participation in this class, and do hereby waive, release, absolve, indemnify and
hold harmless Leslie Rosen and Youngstown Cultural Arts Center for any claim
arising out of any injury to myself (or others) or personal loss.

Signature _____
Date _____