



SPOTLIGHT DANCE CENTRE
504 TOWN CENTER
NEW BRITAIN PA 18901
215.348.8373
WWW.LCACTING.COM

Student Name: _____

Age/Birthday: _____

Parent/Guardian Name: _____

Home Phone: _____

Cell Phone: _____

Address: _____

Email: _____

Emergency Contact:

Name: _____

Phone #: _____

Student allergies and/or medical conditions:

How did you hear about us?

Name/Date of Class: _____

Amount Due: _____