
SYTYCD MASTER CLASS REGISTRATION FORM FOR PAAY
NOV 12TH & 13TH 2011

Studio/School name:

Contact name:

Address:

Phone:

E-mail address:

STUDENT NAME & LEVEL	CLASS	COST
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

GRAND TOTAL: \$_____

Make additional copies of this page as needed. Please make copies for your records.

Class size is limited, so register as soon as possible.

Make checks payable to PAAY.
