Complete registration form and mail along with $25.00 fee to:

New England School of Dance, Goffstown
78 Wendover Way
Bedford, NH, 03110

New England School of Dance

Registration Form

Name _____
Parent/ Guardian_____

Address:
Street_____
City _____
State _____ **Zip** _____

Phone:
Home _____ Cell _____
Buss._____
E-mail
_____
_____

Date of Birth ____/____/____ **Age** _____

Refer to the NESD schedule and list the classes you are interested in below

Weekday	Time of Class	Class