Complimentary Class Pass



Please R.S.V.P. by calling or emailing us so we know you're planning to attend.

972-539-7017 info@TurningPointeTX.com

Dancer's Name:		Dancer's Age:		
Previous Dance Experience: Ballet	Тар	Jazz	Нір Нор	Contemporary
Years of Experience:	Previo	ous Stud	lio Attendec	l:
Parent's Name:	Parent's Cell:			
Parent's Email:				
Release of Liability:				
I understand and recognize the risk of performances and I am willing to assume Dance Studio, its directors or employeed participating in any dance activity at Turning Pointe Dance Studio i.e. classes community performances, conventions	ne those s liable urning F s, recital	risks. I a for injuri Pointe Da l dress re	igree that I w les sustained ance Studio o lhearsals, reci	rill not hold Turning Pointe while in attendance and/or r any activity involving
Signature of Parent:				Date:
Class Day & Time of Trial:				

We look forward to dancing with you soon!