



Montana Dance Works
3105 Harrison Avenue
Butte, MT 59701
www.montanadanceworks.com
406-299-2381

Parent Night Out Form

Participant Information – Please type or print legibly.

Last Name: _____ First Name: _____

Gender: ___Female ___Male Age: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mother/Guardian Name: _____ Father/Guardian Name: _____

Phone Number: _____ Phone Number: _____

Email Address: _____ Email Address: _____

Emergency Contact (other than parents): _____

Medical Conditions/Allergies: _____

Payment due upon registration
Limited Space –Register Early
ABSOLUTELY NO REFUNDS

Checks must be payable to: MONTANA DANCE WORKS

There will be a \$25.00 fee charged on checks returned by the bank due to insufficient funds.

Cost: \$20/child for Montana Dance Works members
\$25/child for non members

Our Parent Night Out is the perfect opportunity for parents to run their errands while their children enjoy crafts, games, movies, and more! Pizza and water will be provided. Please advise front desk of any allergies.

Space is limited so call or email Montana Dance Works at 406-299-2381 or info@montanadanceworks.com and reserve your spot today!

___Check ___Cash ___ Visa ___ MasterCard ___ Discover

Cardholder's Name: _____

Card Number: _____

Expiration Date: _____ Verification Code: _____ Billing Zip Code: _____

Signature: _____

Release:

I hereby acknowledge the health of my child to be ready for vigorous activity during dance or acrobatic lessons and authorize the directors to secure any emergency treatment deemed necessary. I hereby release the teachers, assistants, personnel, and Montana Dance Works from all claims for injuries sustained while participating in this program. I hereby acknowledge that Montana Dance Works may take and use photos/videos of my child(ren) for marketing material.

Parent or Guardian Signature: _____ Date: _____