

***JOY*ful Shimmies Bellydance**

Class Registration Form

Class Title: _____

Class Location: _____ Start Date: _____

Name: _____ E-mail: _____

In case of cancellation please notify me at: _____

4-week session for \$40 **or** drop-in __wk 1 __wk 2 __wk 3 __wk 4 for \$12 per week

6-week session for \$60 **or** drop-in __wk 1 __wk 2 __wk 3 __wk 4 __wk5 __wk6 for \$12 per week

Note: Fundamentals 1 & 2 are 6-week sessions and ongoing classes are run in 4-week sessions.

Mail completed form at least 1 week before class start date with payment made payable to:

Patricia Chmelik, N14164 Bachelors Ave., Thorp, WI 54771

Or send payment through PayPal to alex@joyfulshimmiesbellydance.com