



Tecsa Ross, Artistic Director
4408 Market Street Suite D, Oakland, CA 94608

2007 Registration Form

Name _____ Organization _____

Title _____

Address _____

Home Phone _____ Cell Phone _____

Email _____ Age _____ Gender _____

Do you participate in any of the following? If yes please provide the name of the organization

Dance Studio/School _____ All Star Dance Team _____
Professional Company _____

Which program(s) or class will you be attending? _____

Please enclose a money order to Ross Dance or complete your credit card information below for the amount of the program or class fee(s). After receiving registration form and payment you will receive a confirmation email

Money Order Enclosed for \$ _____

Card Holder Billing Address

Street Address: _____

City & State: _____

Zip Code: _____

Card Holder Address if different from the billing address

Street Address: _____

City & State: _____

Zip Code: _____



Tecsa Ross, Artistic Director
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Please circle: VISA MASTERCARD

Name on Card _____

Card # _____

Last 3 Digits on Back of Card _____

Expiration Date: _____

Amount to be charged:\$ _____

If you are mailing your registration form please mail it to Ross Dance Company, 4408 Market Street Suite D, Oakland, CA 94608.

Thank You