

REGISTRATION FORM



LB Kass *presents*
DanceBodyWorkout™

PLEASE PRINT CLEARLY

First and Last Name: _____

Complete Mailing Address: _____

Cell Number: _____

Email Address: _____

Website: _____

What is your role in the Dance / Fitness Industry? _____

Please select From the Following options:

I would like to register For the MASTER CLASS (please note date/time) _____

I would like to register For the TRAINING SEMINAR (please note date/time) _____

I would like to register For LB Kass THE STUDIO (please note start date and the classes you are interested in)

I would like to hire LB Kass For an EVENT (please note event, date and time) _____

PAYMENT OPTIONS

Please select From the Following options:

Check enclosed (Make payable to LB KASS and please note the amount) _____

Cash (You may request a receipt, please note the amount) _____

* Upon receiving your registration we will email you a confirmation.

2 SIMPLE WAYS TO REGISTER:

1. Please mail to LB Kass 108 Riverview Ave., Little Silver, NJ 07739.

2. Please FAX ATTN: LB Kass (no cover letter necessary) 732.460.0626.

* Special note For Staples - Please contact LB Kass at 201.674.7984 to pick up Forms. Thank you.

CANCELLATIONS:

Any notice of cancellation must be received in writing one week prior to the event.
Please contact LB Kass with any questions 201.674.7984.

Tomorrow's body is in your workout today!

DANCEBODYWORKOUT.COM