



Dance Fitness Movement Series (DFMS) Event Registration Form

PLEASE PRINT

First and Last Name: _____

Address: _____

City, State Zip code: _____

Email: _____ Phone: _____

Please check all that apply:

- Movement educator (Dance, Fierce FUNk, Zumba®, U-Jam, etc.)
- Dancer
- Actress/actor
- Class participant

If employed as a movement educator, please list employer: _____

Continuing Education Credits

- ACE .5
- AFAA 3.5
- Other professional continuing education credit: _____

My signature below authorizes DFMS/Pepper Von to charge registration fees for this event to the credit card noted below. Charges will appear as "Pepper Von" on statement.

Signature: _____ Date: _____

Check one:

- Visa
- MasterCard

Card #: _____

Expiration Date: _____

Security Code: _____