



FOCUS Dance Center

Virtual Class Access Form

Date: _____

- Drop-In (s) Make-Up (s) Adult Card Drop-In (s) Unlimited

Dancer Name: _____

Parent Name (if applicable): _____

Primary Email Address: _____

Primary Phone #: _____ Secondary Phone #: _____

Class	Day	Time	Instructor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

When completed, please email form to connect@focusdance.com. **Once your request and payment (when applicable) has been processed you will be emailed a link 30 minutes prior to start of class to grant you access.** As a courtesy to the class in progress wrapping up, please log in no more than 5 minutes before start of your class. Thank you.

For Office Use

Date Requested: _____

DW Acct.#: _____

Received by: _____

Link sent: _____