

DATE OF REGISTRATION: _____

STUDIO LOCATION: _____

FAME DANCE STUDIOS LTD.

BOX 1474, LLOYDMINSTER, SK, S9V 1K4//780-871-1494//e-mail: famedancestudios@gmail.com/www.famedancestudios.com

ADULT 6-WEEK COURSE REGISTRATION FORM

NAME OF STUDENT: _____

PARENT/GUARDIAN: _____

MAILING ADDRESS: _____ CITY: _____ PROV: _____ POSTAL CODE: _____

PHONE: (Home) _____ (Work) _____ (Cell) _____

E-MAIL: _____

STUDENT'S DATE OF BIRTH: (Month) _____ (Day) _____ (Year) _____

MEDICAL PROBLEMS: _____

COURSE PRICE:

ADULT 6-WEEK COURSE: (45 min class) \$72.00 +GST= \$75.60 _____

TOTAL OF ALL FEES:

TOTAL OF ALL DANCE FEES \$ _____

GST @ 5% (Total x 1.05) \$ _____

GRAND TOTAL DUE \$ _____ *GST#83427 7279

PAYMENT MUST ACCOMPANY REGISTRATION FORM IN FULL

AUTHORIZED BY: _____