

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 CARDIO/STRETCH/CONDITIONING DANCE REGISTRATION FORM

PLEASE COMPLETE ONE FORM FOR EACH STUDENT REGISTERED

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: _____

REGISTRATION FEE: (NON-REFUNDABLE) please circle one

SINGLE STUDENT: \$30.00 FAMILY RATE: \$35.00

DESCRIPTION:

- * FITNESS CLASS FOR ADULTS
- * DANCE BASED EXERCISES
- * CARDIO
- * STRETCHING
- * CONDITIONING
- * NO COSTUME REQUIRED
- * NO YEAR END SHOW OR PROGRESSIVE CHOREO LEARNED

AGE CATEGORY:

- *Adults

CLASS PRICE:

6-week course: \$90.00 _____

All year price: \$315.00 _____

TOTAL OF ALL FEES: (per child)

TOTALS OF ALL DANCE FEES	\$ _____
LESS DISCOUNT OF _____ (5% OR 10% if applicable)	\$ _____ (list amount removed on this line)
REGISTRATION FEE	\$ _____
SUBTOTAL	\$ _____
GST @ 5% (Total x 1.05)	\$ _____
GRAND TOTAL DUE	\$ _____ *GST#83427 7279

PAYMENT MUST ACCOMPANY REGISTRATION FORM EITHER IN FULL OR BY WAY OF POSTDATED CHEQUES (Maximum 6)

AUTHORIZED BY: _____

JAN ___ FEB ___ MAR ___ APR ___ MAY ___ JUNE ___ JULY ___ AUG ___ SEPT ___ OCT ___ NOV ___ DEC ___