

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

PERFORMANCE 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

PROGRAM DESCRIPTION:

- 1.5 HOURS PER WEEK OF CLASS
- 3 LOCAL SHOWS PER YEAR + YEAR END SHOW

DISCIPLINES STUDIED:

*JAZZ *HIP-HOP * CONTEMP/LYRICAL * TAP *BALLET * BALLET TECH *JAZZ TECH *STRETCH

AGE CATEGORIES:

(Please circle)

* JUNIOR (approx. age 6-10) *SENIOR (approx. age 11+) *COMBINED

CLASS PRICE (1.5 HOURS PER WEEK): \$740.00

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)	\$ _____	
COSTUME DEPOSIT (180.00 FOR 3 COSTUMES)	\$ _____	
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 ___