

DATE OF REGISTRATION: _____

STUDIO LOCATION: _____

FAME DANCE STUDIOS LTD.

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

MODELLING/ACTING 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) _____
 STUDENT'S DATE OF BIRTH: (Month) _____ (Day) _____ (Year) _____
 MEDICAL PROBLEMS: _____
 EMERGENCY CONTACT: _____ (PHONE #) _____

REGISTRATION FEE: (NON-REFUNDABLE) please circle one
 SINGLE STUDENT: \$25.00 FAMILY RATE: \$30.00

PROGRAM:

- * MODELLING/ACTING - 30 min class, once a week \$315.00 FOR FULL YEAR if taken on it's own ____
- * MODELLING/ACTING - 30 min class, once a week \$280.00 FOR FULL YEAR if taken with another class ____

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	\$ _____	
* TOTAL ELIGIBLE FOR CHILD FITNESS TAX CREDIT:	\$ _____	*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 ____

RECOMMENDED BY: _____