

DATE OF REGISTRATION: _____

STUDIO LOCATION: _____

FAME DANCE STUDIOS LTD.

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

PRE-COMPANY 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: \$25.00 FAMILY RATE: \$30.00

PROGRAM DESCRIPTION:

- 1.75 HOURS PER WEEK OF CLASS
- 3 LOCAL SHOWS PER YEAR + YEAR END SHOWS
- 1-2 DANCE FESTIVALS

DISCIPLINES STUDIED:
 *JAZZ *HIP-HOP * BALLET TECH * TAP *LYRICAL/CONTEMP

AGE: 7+

CLASS PRICE (1.75 HOURS PER WEEK): \$795.00

TOTAL CLASSES: \$ _____

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 (150.00 FOR 2 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 ___