

DATE OF REGISTRATION: _____

STUDIO LOCATION: _____

FAME DANCE STUDIOS LTD.

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

3-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 Please check one box:

3-WEEK COURSE: (30 min class) \$48.60 +GST = \$51.00

3-WEEK COURSE: (45 min class) \$49.55 +GST = \$52.00

TOTAL DUE INCLUDING GST @ 5% : \$ _____ *GST#83427 7279

PAYMENT IN FULL MUST ACCOMPANY REGISTRATION FORM

AUTHORIZED BY: _____

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