

DATE OF REGISTRATION: \_\_\_\_\_

STUDIO LOCATION: \_\_\_\_\_

**FAME DANCE STUDIOS LTD.**

BOX 1474, LLOYDMINSTER, SK, S9V 1K4 // 780-871-1494 // e-mail: [famedancestudios@gmail.com](mailto:famedancestudios@gmail.com) // [famedancestudios.com](http://famedancestudios.com)

**6-WEEK COURSE 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: \_\_\_\_\_

**COURSE PRICE:** Please check one box:

6-WEEK COURSE: 30 min class per week \$97.14 +GST = \$102.00

6-WEEK COURSE: 45 min class per week \$114.29 +GST = \$120.00

Name of Class: \_\_\_\_\_

Day/Time of Class: \_\_\_\_\_

**↓ OFFICE USE ONLY ↓**

TOTAL OF ALL FEES: (per student)

TOTAL OF CLASS FEES \$ \_\_\_\_\_

LESS DISCOUNT OF \_\_\_\_ % (if applicable) \$ \_\_\_\_\_ (list amount removed on this line)

REGISTRATION FEE \$ \_\_\_\_\_

SUBTOTAL \$ \_\_\_\_\_

GST @ 5% (Subtotal x 1.05) \$ \_\_\_\_\_

COSTUME FEE (not applicable for Fall - only students) \$ \_\_\_\_\_

TINY TOTS: \$65, TINY TOT ACRO: \$70, ALL OTHER STUDENTS \$85) \$ \_\_\_\_\_

GRAND TOTAL DUE \$ \_\_\_\_\_ \*GST#83427 7279

AUTHORIZED BY \_\_\_\_\_ REFERRED BY \_\_\_\_\_ HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

\* I hereby acknowledge that I have read the rules and policies of Fame Dance Studios Ltd. as posted on the website [famedancestudios.com](http://famedancestudios.com) and will abide by them. I agree to pay the above fees, or to complete a Promise-to-Pay contract for the above fees, by the first class. I understand that no refunds are available after the completion of the 3rd week of classes without a note from a medical professional.

Parent/Guardian name: \_\_\_\_\_ Parent/Guardian signature: \_\_\_\_\_