

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

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) \$90.50 +GST = \$95.00

3-WEEK COURSE: (45 min class) \$93.35 +GST = \$98.00

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

PAYMENT IN FULL MUST ACCOMPANY REGISTRATION FORM

AUTHORIZED BY: \_\_\_\_\_

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

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) \$90.50 +GST = \$95.00

3-WEEK COURSE: (45 min class) \$93.35 +GST = \$98.00

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

PAYMENT IN FULL MUST ACCOMPANY REGISTRATION FORM

AUTHORIZED BY: \_\_\_\_\_