

DATE OF REGISTRATION: _____

STUDIO LOCATION: _____

FAME DANCE STUDIOS LTD.

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

UNITED BALLET COMPANY APPRENTICE PROGRAM - 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: _____

* MUST BE ENROLLED IN ANOTHER FAME CLASS/PROGRAM

* BY AUDITION ONLY (please attend our company auditions) - AUDITION FEE: 20.00 ____

Company Auditions:

Bonnyville: Tues, Sept 3 - 4:45-6:00 Jr & Inter//6:00-8:30 Adv & Pro

Cold Lake: Wed, Sept 4 - 4:45-6:00 Jr & Inter//6:00-8:30 Adv & Pro

Lloyd: Thur, Sept 5 - 4:45-6:00 Jr & Inter//6:00-8:30 Adv & Pro

* GRIMM'S FAIRYTALES OCT 19, 2024 * THE NUTCRACKER DEC 14, 2024 * SLEEPING BEAUTY FEB 8, 2025

LEVEL 1 APPRENTICE:

- 35 MIN CLASS, ONCE A WEEK - SEPT - FEB
- 1 WEEKEND SET/DRESS REHEARSAL BEFORE EACH BALLET
- GROUP CHOREO
- ALL COSTUMES PAID FOR BY UBC (you supply your own body wear and footwear)
- OPTION TO BE IN 3 BALLETS PER YEAR
- \$245.00 ____

LEVEL 2 APPRENTICE:

- 50 MIN CLASS, ONCE A WEEK - SEPT - FEB
- 1 WEEKEND SET/DRESS REHEARSAL BEFORE EACH BALLET
- SMALL GROUP CHOREO
- POSSIBLE SOLOS IF DANCER IS READY
- ALL COSTUMES PAID FOR BY UBC (you supply your own body wear and footwear)
- OPTION TO BE IN 3 BALLETS PER YEAR
- \$345.00 ____

APPRENTICE CLASSES OFFERED AT THE FOLLOWING FAME LOCATIONS:

FAME LLOYDMINSTER: 5402-51 ST

FAME BONNYVILLE: C2 Centre - 4313 - 50 Ave

FAME COLD LAKE: 5404-57 ave (right beside Wilmie's You restaurant)

↓ OFFICE USE ONLY ↓

TOTAL OF ALL FEES: (per child)

TOTALS OF ALL DANCE FEES \$ _____

LESS DISCOUNT OF ____ (if applicable) \$ _____ (list amount removed on this line)

REGISTRATION FEE \$ _____

AUDITION FEE: \$ _____

SUBTOTAL \$ _____

GST @ 5% (Total x 1.05) \$ _____

GRAND TOTAL DUE: \$ _____ * GST#83427 7279

PAYMENT MUST ACCOMPANY REGISTRATION FORM EITHER IN FULL OR BY WAY OF POSTDATED CHEQUES (Maximum 6)

JAN ____ FEB ____ MAR ____ APR ____ MAY ____ JUNE ____ JULY ____ AUG ____ SEPT ____ OCT ____ NOV ____ DEC ____

AUTHORIZED BY: _____

RECOMMENDED BY: _____

HOW DID YOU HEAR ABOUT US? _____