

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

ZOOM PRIVATE OR SEMI-PRIVATE LESSONS - 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: _____

ZOOM CLASSES

* please text or email Sarah to book!

* 780-871-1494

* famedancestudios@gmail.com

30 MIN ZOOM CLASS: \$15.00 PER PERSON ____

SHARED WITH 1 OTHER STUDENT (2 STUDENTS TOTAL): \$9.00 PER PERSON ____

SHARED WITH 2 OTHER STUDENTS (3 STUDENTS TOTAL): \$8.00 PER PERSON ____

SHARED WITH 3 OTHER STUDENTS (4 STUDENTS TOTAL): \$7.00 PER PERSON ____

SHARED WITH 4 OTHER STUDENTS (5 STUDENTS TOTAL): \$6.00 PER PERSON ____

SHARED WITH 5 OTHER STUDENTS (6 STUDENTS TOTAL): \$5.50 PER PERSON ____

SHARED WITH 6+ OTHER STUDENTS (7+ STUDENTS TOTAL): \$5.00 PER PERSON ____

TOTAL OF ALL FEES: (per child)

TOTALS OF ALL FEES \$ _____

REGISTRATION 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: _____