

Academy of Dance at Reps Fitness Center, Hartington

Registration Form Fall/Spring 2010-2011

Registrations received after September 15 will be assessed
a \$10.00 per student late registration fee.

Student:

Last Name: _____

First Name: _____

Date of Birth: _____

Age: _____ Grade: _____

*****Register by Class Number (see brochure)*****

Dance Class(es) _____

Parent or Responsible Party:

Last Name: _____

First Name: _____

Address: _____

State: _____ Zip Code: _____

Phone: Home: _____ Cell: _____ Work: _____

Email: _____

(By providing an email address you are agreeing to receive
communications from the Academy of Dance at that address)

*The Academy of Dance and its
employees shall not be liable for an accidents.*

Signature of Parent/ Responsible Party:

_____ Date: _____

Deposit required for all registrations:

\$116.09 per class – Tuition Payment (tax incl): \$ _____

\$30.00 per class – Costume Deposit: \$ _____

Total Enclosed (\$146.09 per class) \$ _____

Make checks payable and mail to: *Academy of Dance*
1902 Broadway
Yankton, SD 57078

For Office Use: Ledger: _____ Computer: _____
Registration Book: _____ Waiting List: _____

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