

Academy of Dance at Reps Fitness Center, Hartington

Registration Form Fall/Spring 2011-2012

Registrations received after October 1 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: _____
City: _____ 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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