ARCADE DANCE ARTS REGISTRATION 2019/2020

Dancer #1 Last Name	First Name	D.O.B	Age as of Sept	
Dancer #2 Last Name	First Name	D.O.B	Age as of Sept	
Dancer #3 Last Name	First Name	D.O.B	Age as of Sept	
Address	Unit #	City	Postal Code	
Student Mobile	Student Email			
Parent / Guardian #	:1	Parent / 0	Guardian #2	
	Name			
	Home Phone			
	Mobile Phone			
	Work Phone Email			
	EIIIdii			
	able to be reached please co			
Emergency Contact N	ame Phone #	Mobile #		
	nt has any allergies and if you al or health issues or learning		previous or	
[] New Student.	How did you hear about us?			
[.]. Returning Student	Referred by:			
by Arcade Dance Arts. I agr and all of its staff and instruc- any other person from instru- responsible lost or stolen iter that all fees are nonrefundable.	student(s) registered, to uphole to release any and all rights ctors of any claims for injuries action or patronage at the studings or for personal belongings role after deposited. I give perner of the above student(s) for education in the students.	and claims against that may occur to th o. I understand tha not owned by the stu nission to Arcade Da	Arcade Dance Arts ne student, parent or it the studio is not udio. I understand ince Arts to use any	
Signature:	Da	te:		

Class Fee Calculator:

CLASSES	Term 1	Term 2	Term 3	FULL
1Hr	239.68	171.20	171.20	582.08
45m (1)	232.40	166.01	166.01	564.40
45m (2)	225.12	160.82	160.82	546.76
45m (3)	217.84	155.63	155.63	529.10
45m (4)	210.56	150.44	150.44	511.44
45m (5)	210.56	150.44	150.44	511.44
30m (1)	120.57	86.12	86.12	292.81
30m (2)	113.00	81.08	81.08	275.16
UNLIMITED PACKAGE	1228.62	945.09	945.09	3118.80
FEE TOTAL	\$	\$	\$	\$
Super Early Bird				
(10%)				
Early Bird (5%)				
B.C.D (30%)				
Gift Certificate				
DISCOUNTED	\$	\$	\$	\$
TOTAL				

Payment Information: (For Office Use Only)

	TOTAL	DATE/TYPE	DEPOSIT
FULL SEASON			
Term 1			
Term 2			
Term 3			
Competitive Entry Fees			
Competitive Costumes			
Recital Costumes			