

Student/Family Last Name		Student First Name:	
Credit Card Authorization (opt)		By signing Below, you are authorizing	
Credit Card #		The Dance Co. to automatically collect tuition	
Expiration Date:	CVC Code #	on the 1st of each month or specified date.	
*Authorized Signature			
Parent/Guardian Name(s)			
Mailing Address:			
City:		Zip:	
Cell Phone:	Alt. Cell Phone		
Home Phone:	Alt. Home Phone		
Place of Business:	Alt Place of Business:		
Work Phone:	Alt. Work Phone:		
E-Mail:	Alt. E-Mail:		
How did you hear about us? (If from a friend , list their name):			
<i>By signing below, I understand that tuition is due on the 1st of each month and that a late fee of \$15.00 will Automatically be added to my tuition if I pay after the 15th. No tuition will be reimbursed for missed classes. NO REFUNDS on costumes, tuition, competition fees, or any other fee(s). I understand that dancing and the excercises associated with it place unusual stresses on the body, and carry with them the risk of physical injury and that I assume that risk, (or if student is a minor, I assume the risk on behalf of my child or ward) and do not hold The Dance Co., its employees, agents, officers, directors, or successors responsible for any injuries or accidents caused by, or arising from, the above described activities or any activites related thereto whether they occur on the premises of The Dane Co. or while student is participating and/or representing The Dance Co. events.</i>			
Signature of Parent or Guardian:		Date:	
Student Name:	Birthday:	Cell Phone:	
School:	Grade:	Year Started Here:	
Dance Experience:			
Student Name:	Birthday:	Cell Phone:	
School:	Grade:	Year Started Here:	
Dance Experience:			
Student Name:	Birthday:	Cell Phone:	
School:	Grade:	Year Started Here:	
Dance Experience:			
Student Name:	Birthday:	Cell Phone:	
School:	Grade:	Year Started Here:	
Dance Experience:			
Registration Fee			
Tuition/ AFC			
Company Fee			
Total Due			
Ck #/ Cash, C/C			
Date Paid			
Receipt #			
Notes:			