

TANDEM STUDIOS

Dance Registration Form

DATE: _____ SEASON: _____

DANCER'S NAME: _____ AGE: _____ DOB: _____

PARENT'S NAME: _____

HOME #: _____ CELL #: _____

ADDRESS: _____

EMAIL: _____

(Please note Studio updates will be sent to you via email regularly)

EMERGENCY CONTACT: NAME: _____ PHONE #: _____

CLASS TYPE	WEEKDAY	TIME
1.		
2.		
3.		
4.		

PAYMENT METHOD

Please note: Payments must be made in full or by pre-authorized CC payment or with post-dated cheques.
Payment dates are 1) Upon Registration 2) 15Oct10 3) 05Dec10 4) 01March11

Amount of each instalment: _____ **Yearly Fee Paid in Full:** _____

Post dated cheques: Cheque numbers: 1) _____ 2) _____ 3) _____ 4) _____

Credit card: Visa _____ M/C _____

Credit card Number: _____ Exp.Date: _____

I give Tandem Studios permission to process payments as calculated above on my credit card. Payments will be put through on the payment dates as listed. _____

Signature

Printed Name

PLEASE READ CAREFULLY AND INITIAL AS APPLICABLE:

1. Any classes cancelled by the registrant/parent or cancelled due to "Acts of God" are non-refundable. _____ (pls. initial)
2. Any class cancelled by Tandem Studios due to unforeseen circumstances such as illness/injury etc. will be made up by the studio with a "make-up" class. _____ (pls. initial)
3. If you wish to withdraw from a class, written notice must be given to Tandem Studios at least 3 weeks prior to the next payment due date (a \$20 administration fee applies). Any class cancellations requested **after** said 3 week notice will be subject to an administrative cancellation fee of \$65 _____ (pls. initial)

PLEASE LIST ANY ALLERGIES: _____

PLEASE LIST ANY PERTINENT MEDICAL CONDITION: _____

DATE: ___/___/___ SIGNATURE: _____ WITNESS: _____