

Intensive or Recreational Registration

(Please circle one)



Name: _____

Age: _____ Birth date: _____

Parent/Guardians: _____

Address: _____

City: _____ Prov.: _____ PC _____

Phone: _____ Cell1: _____ Cell2: _____

email: _____

Emergency Contact: _____	Relationship: _____
Emerg. Phone: _____	Emerg. Cell: _____

** Registration fee: \$25 per student (\$15.00 per sibling/s) Paid: amt: _____ Cheq _____ Cash _____

Classes	Classes
Day _____ Class: _____ Time(s): _____ Hours per class: _____	Day _____ Class: _____ Time(s): _____ Hours per class: _____
Day _____ Class: _____ Time(s): _____ Hours per class: _____	Day _____ Class: _____ Time(s): _____ Hours per class: _____
Day _____ Class: _____ Time(s): _____ Hours per class: _____	Day _____ Class: _____ Time(s): _____ Hours per class: _____
Day _____ Class: _____ Time(s): _____ Hours per class: _____	Day _____ Class: _____ Time(s): _____ Hours per class: _____
Day _____ Class: _____ Time(s): _____ Hours per class: _____ Senior Choreography: _____
Day _____ Class: _____ Time(s): _____ Hours per class: _____	Production Choreography: _____
Day _____ Class: _____ Time(s): _____ Hours per class: _____	Solo / Duo / Trio: / (circle if interested)
Day _____ Class: _____ Time(s): _____ Hours per class: _____	Total Hours = _____
	Per Month Cost: _____
	Extra Costs = _____
	Total Cost per Month = _____

For office use only;	
<input type="checkbox"/>	Reg. Fee
<input type="checkbox"/>	PreAuth
<input type="checkbox"/>	Policy Sign.
<input type="checkbox"/>	Comp.Dep.
<input type="checkbox"/>	Costume Dep.
<input type="checkbox"/>	Entered/Comp

