

Dance Tech Studios, Inc.

MAILING ADDRESS:

3705 Lariat Rd.

Park City, UT 84098

(435)655-9213/www.dancetechworld.com

Registration Form 2008-2009

Billing Name: _____

Billing/Mailing Address: _____ Zip Code: _____

Primary Email Address: _____

Home Phone: _____ Cell Phone: _____

Parent 1: _____ Phone: _____ Cell: _____

Parent 2: _____ Phone: _____ Cell: _____

Emergency Contact Name: _____ **Phone:** _____

Relationship: _____

How did you hear about Dance Tech Studios? _____

Student(1) Name: _____ **Student(2) Name:** _____

Age: _____ Date of Birth: _____

Age: _____ Date of Birth: _____

School: _____

School: _____

	Class	Day/Time
1.		
2.		
3.		
4.		
5.		
6.		

	Class	Day/Time
1.		
2.		
3.		
4.		
5.		
6.		

CLOTHING/SHOES		
	Description	Price
1.		
2.		
3.		
4.		
5.		
6.		
	Total:	

TUITION SUMMARY (ATTACH APS FORM)	
1st & Last Months Tuition Due at Registration	
APS start Date:	
Monthly Tuition Total	
10% Multiple Class Discount (if applicable)	
\$5.00 Credit Card Surcharge	
ADJUSTED MONTHLY TUITION TOTAL	

FEES DUE AT REGISTRATION	
Registration Fee (\$30/student or \$50/family)	
Recital Participation Fee (\$70/family)	
Clothing/Shoes/Other	
START DATE _____ Tuition	
TOTAL DUE AT REGISTRATION	

By signing this registration form, I hereby give my permission for the above student(s) to participate in Dance Tech Studios, Inc. activities both within the studio and outside. I also agree not to hold Dance Tech Studios, Inc., Nicole Fielding, or other associates liable for any injury, damage, or loss that may occur. I give my permission for any medical treatment to be administered to the student(s) in an emergency.

I also acknowledge that I have read, understand, and will comply with Dance Tech Studios Policies and Procedures as stated in the 2008-2009 Policies and Procedures document.

Parent Signature _____ Date _____

