



REGISTRATION FORM

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DANCER'S NAME:	CARE CARD#:
DANCER'S D.O.B:	MEDICAL INFO:
HOME ADDRESS:	

PARENT'S NAME:	PARENT'S NAME:
PHONE#:	PHONE#:
EMAIL:	EMAIL:
EMERGENCY CONTACT:	EMERGENCY CONTACT PHONE#:

DANCE CLASSES	DAY	TIME

FOR OFFICE USE ONLY

REGISTRATION FEE: \$ _____ RECITAL TICKETS: (X2) \$ _____	NAME ON CREDIT CARD:
COSTUME DEPOSIT: _____ X \$75 = \$ _____	CREDIT CARD# :
GROUP CLASSES: _____ PER WEEK = \$ _____ MONTHLY	EXPIRY DATE: _____ CVC: _____
SOLO: _____ PER WEEK = \$ _____ MONTHLY	
DUO: _____ PER WEEK = \$ _____ MONTHLY	NAME ON BANK ACCOUNT:
TRIO: _____ PER WEEK = \$ _____ MONTHLY	TRANSIT#: _____ INSTITUTION# _____
MONTHLY PAYMENTS: \$ _____	ACCOUNT#: _____
DANCE PAYMENT INFO:	
EXTRAS:	

*By signing the below, I agree to pre-authorized monthly payments from my bank account or credit card with Artistic Edge Dance Academy Ltd.

SIGNATURE: _____ DATE: _____

YEARLY NOTES:

A large, empty rectangular box with a thin black border, occupying most of the page below the 'YEARLY NOTES:' header. It is intended for the user to write their yearly notes.