REGISTRATION FORM

Phone: (604) 809-0138 Email: lovetodance@shaw.ca
#110-16825 104th Avenue, Surrey BC V4N-1R9

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

PRIMARY PARENT'S NAME:	
PRIMARY PHONE#:	**SECONDARY PHONE#:**
PRIMARY 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#**
TOTAL MONTHLY TUITION FEE: $	**ACCOUNT#:**
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:**_____