

**EVOLUTION DANCE & FITNESS STUDIO INC.**

Adult Registration Form

Family Identification # \_\_\_\_\_

Full Name - \_\_\_\_\_

Address - \_\_\_\_\_ City - \_\_\_\_\_

Postal Code - \_\_\_\_\_ E-Mail Address - \_\_\_\_\_

Home Phone - \_\_\_\_\_ Cellular - \_\_\_\_\_

Medical Information: Please describe any allergies, injuries, and/or medical conditions

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\_\_\_\_ Pilates \_\_\_\_ Fusion \_\_\_\_ Ballroom/Latin \_\_\_\_ Zumba \_\_\_\_ Tap \_\_\_\_ Lyrical/Jazz \_\_\_\_ Hip Hop

Day \_\_\_\_\_ Time \_\_\_\_\_ Date of 1<sup>st</sup> Class \_\_\_\_\_

Individual 10 Class Group Card – Buy either Flex or Discounted Same Day/Time Card

**Flex Class Card – Can take any class anytime – Drop In Card**

(You can miss a class and attend a make-up class at a later date)

\$180.00 plus HST = \$203.40 (\$18.00 per class)

**Fixed 10 Class Card – Same Class – Same Day & Time Every Week**

(Please note there are no make-up classes for fixed rate classes)

Special Rate of \$125.00 + HST = \$141.25 (\$12.50 per class)

Amount \$ \_\_\_\_\_

13% HST \$ \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

Invoice # \_\_\_\_\_

Method of Payment

\_\_\_\_ Debit \_\_\_\_ Visa \_\_\_\_ MasterCard Cheque Number \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiry \_\_\_\_\_ Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

I hereby give permission and authorize Evolution Dance & Fitness Studio Inc. to debit my Credit Card as indicated above for the amount shown.

Classes Taken – 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_  
6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_ 10. \_\_\_\_\_