

EVOLUTION DANCE & FITNESS STUDIO INC.

Private Lessons Registration Form

Family Identification # _____

Parent's Full Name - _____

Student's Full Name - _____

Address - _____ City - _____

Postal Code - _____ E-Mail Address - _____

Home Phone - _____ Cellular - _____

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

1 x 1 hour private class = \$70.00 per hour
5 x 1 hour private class = \$60.00 per hour
10 x 1 hour private class = \$50.00 per hour

Day _____ Time _____ Date of 1st 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. _____

The private classes can be broken into ½ hour classes.
The above rates can also be shared by 2 students for semi-private classes.