

# COMPETITIVE PROGRAM STUDENT REGISTRATION FORM



EVOLUTION  
DANCE STUDIO

Family Identification: \_\_\_\_\_

## PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Age (as of December 31): \_\_\_\_\_

Birth Date\*: \_\_\_\_\_

Hours Training Per Week: \_\_\_\_\_

Company: \_\_\_\_\_

Program: \_\_\_\_\_

Class Schedule: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FEES PER STUDENT + HST

- |   |                         |  |
|---|-------------------------|--|
| <input type="checkbox"/> PART TIME PROGRAM    | 5 to 6 hours per week   | \$350.00 per month / \$3,150.00 per year |
| <input type="checkbox"/> FULL TIME PROGRAM    | 7 to 9 hours per week   | \$450.00 per month / \$4,050.00 per year |
| <input type="checkbox"/> EXTENDED PROGRAM     | 10 to 14 hours per week | \$550.00 per month / \$4,950.00 per year |
| <input type="checkbox"/> FAMILY PLAN PROGRAM  | 15 to 20 hours per week | \$650.00 per month / \$5,850.00 per year |
| <input type="checkbox"/> EXTENDED FAMILY PLAN | 21 to 26 hours per week | \$750.00 per month / \$6,750.00 per year |
| <input type="checkbox"/> UNLIMITED PROGRAM    | Unlimited               | \$850.00 per month / \$7,650.00 per year |

Tuition Amount: \_\_\_\_\_

Registration Fee: (Per Family)

\$ 35.00

Minus Discount: \_\_\_\_\_

Costume Deposits: (\$125.00 Per Costume)

Sub-Total: \_\_\_\_\_

13% HST: \_\_\_\_\_

Total Amount: \_\_\_\_\_

## METHOD OF PAYMENT

- Debit     Visa     Mastercard     Series of Post-Dated Cheques

Credit Card Number: \_\_\_\_\_

Expiry: \_\_\_\_\_

Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

I hereby give permission and authorize Evolution Dance Studio to debit my credit card as indicated above for the amount shown.

\* New students, please attach copy of birth certificate

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