

PRIVATE LESSONS REGISTRATION FORM



EVOLUTION
DANCE STUDIO

Family Identification: _____

PERSONAL INFORMATION

Parent's Full name: _____

Student's Full name: _____

City: _____

Address: _____

Postal Code: _____

Email address: _____

Phone: _____

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

CLASS INFORMATION

1 x 1 Private Class - \$80.00 per hour Amount: _____

5 x 1 Private Class - \$70.00 per hour 13% HST: _____

10 x 1 Private Class - \$60.00 per hour **Total Amount:** _____

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 Studio to debit my Credit Card as indicated above for the amount shown.

1/2 HOUR CLASSES TAKEN

	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Date	_____	_____	_____	_____	_____	_____	_____
Description	_____	_____	_____	_____	_____	_____	_____
	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
Date	_____	_____	_____	_____	_____	_____	_____
Description	_____	_____	_____	_____	_____	_____	_____
	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	
Date	_____	_____	_____	_____	_____	_____	
Description	_____	_____	_____	_____	_____	_____	

