



DANCE ENROLLMENT FORM

Student Name _____ Age _____

Class _____ Level I _____ II _____ III _____ IV _____ V _____

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Student Name _____ Age _____

Class _____ Level I _____ II _____ III _____ IV _____ V _____

Class _____ Level I _____ II _____ III _____ IV _____ V _____

Party Responsible for Billing and Tuition:

Name _____ Phone Number _____

Billing Address _____ City _____ Zip _____

E-MAIL _____

Student #1 Tuition:

\$ _____ Enrollment fee

\$ _____ Annual Membership fee

\$ _____ Monthly tuition

\$ _____ Paid in full

Student #2 Tuition:

\$ _____ Enrollment fee

\$ _____ Annual Membership fee

\$ _____ Monthly tuition

\$ _____ Paid in full

Billing Party agrees to pay a late charge of \$20.00 if tuition is not paid in full by the due date. Party accepts full responsibility for the tuition listed above. Party also agrees to pay a \$25 NSF fee for any returned checks. There are no refunds on enrollment fee or membership fee.

Signature of Billing Party _____ Date _____