

EVOLUTION DANCE & FITNESS STUDIO INC.

2011/2012 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

____ Pilates ____ Belly Dancing ____ Ballroom/Latin ____ Zumba ____ Tap ____ Lyrical/Jazz ____ Hip Hop

Day _____ Time _____ Date of 1st Class _____

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

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

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

Registering for Fixed 10 Class Card – Same Class – Same Day & Time Every Week

\$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 _____

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. _____