

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 - \$95.00 per hour

Amount:

5 x 1 Private Class - \$85.00 per hour

13% HST:

10 x 1 Private Class - \$75.00 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	_____	_____	_____	_____	_____	_____	

