

2009-2010 Dance Season Registration Form



THE SPIRIT OF DANCE
PO BOX 1943
FAIRPLAY, CO 80440
719-839-1038

Student: _____ Date of Birth: _____

Parent(s)/Guardian(s): _____

PO Box/City/St/Zip: _____

Phone 1: _____ Phone 2: _____ Phone 3: _____

If willing to receive text messages, **CIRCLE** phone number and **NOTE** phone carrier (Verizon, AT&T, etc.)

Email 1: _____

Email 2: _____

CLASSES:	DAY/TIME	TUITION \$
CLASS		
TOTAL COST \$		_____

STUDENT/PARENT/GUARDIAN RELEASE FORM LIABILITY OF THE SPIRIT OF DANCE

I, the undersigned Student/Parent/Guardian of _____, a minor, recognizing that classes involving physical activity may result in personal injuries, do hereby release, discharge, and agree to hold harmless and safe from any and all liabilities THE SPIRIT OF DANCE, its officers, owners, agents, and employees from any and all claims, demands, rights, actions, and causes of action arising out of activities of said business, including but not limited to, dance, tumbling, and related classes, practices, and performances.

Parent/Guardian of Minor Student/Adult Student

Date Signed

2009-2010 Dance Season Registration Form

PAYMENT AGREEMENT

I am enrolling _____ . I am responsible for this student's tuition payments through the end of the dance season or until written Notification of Withdrawal is submitted to the dance studio 30 days prior to the student's withdrawal.

I agree to pay a non-refundable **\$10 Registration Fee**, per student – due at Registration.

I **choose** the following payment option to pay this student's tuition: **(CIRCLE ONE OPTION)**

- **Automatic Withdrawal** in the amount of \$ _____ from my bank account, on the 1st of each month, for 9 months, beginning September 1, 2009 and ending May 1, 2010 (*Registration Fee of \$10 is waived for selecting this payment method.*)
- **Credit Card** charged in the amount of \$ _____, on the 1st of each month, for 9 months, beginning September 1, 2009 and ending May 1, 2010.
- **Cash or Money Order** in the amount of \$ _____ paid within the 1st week of classes each month, for 9 months, beginning September 14, 2009 and ending May 1, 2010. September's tuition \$ _____ is due at Registration. (*This option requires Wendy's authorization.*)
- **Cash, Check or Money Order** for the full year's tuition, less 10%, in the amount of \$ _____. September's tuition \$ _____ is due at Registration. The remaining balance of \$ _____ is due the first week of September 2009.

If tuition is not paid as agreed upon above, the student will not be permitted to participate in classes. This policy will be strictly enforced. Late notices will be sent for delinquent accounts and will include a \$15 late fee for each overdue month.

All costume deposits are due in the amount of \$25 per class by October 1st, and costume balances are due by December 1st. Costumes will not be ordered for balances not paid in full by December 1st. Orders placed after this date will include a \$20 handling fee. There are NO REFUNDS for classes not attended or for costume and performance fees. A \$25 insufficient funds fee will be charged for any check returned for insufficient funds and will require future payments be made via cash or money orders.

I understand and agree to the terms of this agreement and those outlined by The Spirit of Dance's current Policy Handbook.

Parent/Guardian of Minor Student/Adult Student

Date Signed

Time Signed



Electronic Payment Registration Form

I hereby authorize The Spirit of Dance to debit my _____ checking _____ savings account at the financial institution listed below on a monthly basis in the amount specified below:

Bank Name: _____

Routing Number: _____
(The 9 digits on the bottom of your check or deposit slip)

Account Number: _____

Name of Account Holder (*PRINT*): _____

Monthly Payment Amount: \$ _____ Day of Monthly Withdrawal: 1st

Date of First Payment: September 1, 2009 Date of Last Payment: May 1, 2010

I understand that The Spirit of Dance will withdraw funds directly from my bank account as indicated above. I understand that if I wish to discontinue monthly withdrawals for any reason, I must contact The Spirit of Dance.

Signature: _____ Date: _____

Attach a voided check to this form, and return to The Spirit of Dance.



Credit Card Authorization Form

I hereby authorize The Spirit of Dance to charge my credit card on a monthly basis as specified below:

Card Type (**CIRCLE ONE**) : **MasterCard** **VISA**

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ / _____
(MM / DD / YY)

Card Holder Name (**PRINT**): _____
(exactly as it appears on the credit card)

Billing Address of the Credit Card: _____

City: _____ State: _____ Zip: _____

Card Holder Phone Number: (_____) _____ - _____

Charge Amount: \$ _____ Authorization Code: _____

Months authorized to run credit card payment:
From: September 1, 2009 To: May 1, 2010

I understand that The Spirit of Dance will withdraw funds directly from my bank account as indicated above. I understand that if I wish to discontinue monthly withdrawals for any reason, I must contact The Spirit of Dance.

Card Holder Signature: _____

Card Holder Name (**PRINT**): _____

Date of Signature: _____