

Please complete registration form for each child/adult enrolled.

STUDENT/Member: First Name: _____ Last Name: _____

Birthdate: _____ Age: _____ Grade: _____ School: _____

New Student _____ Returning Student _____

(If applicable)

Mother's Name: _____ Father's Name: _____

Adult Program Memberships: (Check one please)

- Monthly Unlimited Adult Membership
- Senior Unlimited Adult Membership (65 & older)
- Senior Unlimited Couple Membership (one person must be 65 & older)
- Student Unlimited Membership (w/ valid college I.D.)

Dance Class Requested: (dance students only)

Dance Style	Day	Time	Dance Style	Day	Time
1. _____			5. _____		
2. _____			6. _____		
3. _____			7. _____		
4. _____			8. _____		

Total Number of Classes per week: _____

*10% discount for three or more classes per family.
Please note a combo package is worth 1 class*

PARTY RESPONSIBLE FOR ACCOUNT:

1. First Name: _____ Last Name: _____

Relationship to student (please circle) Self Mother Father Other: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Medical Information:

Doctors Name: _____ Doctors Phone #: _____

Does the student have any allergies or medical conditions we should know? Yes _____ No _____

List if any: _____

Emergency Contact (other than parent/guardian): _____

Relationship to student: _____ Phone Number: _____

How did you hear about us? – Help us identify which marketing works!

Referral Rewards:

\$15.00 off per referred student. You can get credit for up to five **newly** enrolled students (\$75.00!)

PAYMENT INFORMATION

Mixturez Dance Studio accepts credit cards, debit cards or checking accounts for tuition and costume payments. Please choose one type of payment.

Credit Card ____ **Debit Card** ____ **(please check one):**

Visa _____ MasterCard _____

Name on account: First _____ M.I. _____ Last _____

Address: _____

Account number: _____ Exp. Date: Month _____ Year _____

3 digit code: _____ (see back of credit card; last 3 digits)

AGREEMENT:

I agree to permit Mixturez Dance Studio to make an automatic deduction to the above listed account once a month for 10 months, on the first of each month, beginning September 1, 2010. Final payment will be deducted on June 1, 2011. _____(initial)

In the event that a student discontinues class(es), Mixturez Dance Studio must receive **ten days written notice** before the next payment due date. Failure to give required notice will result in an automatic deduction with NO refund. _____(initial)

I also agree to inform Mixturez Dance Studio of any changes to above listed account, (i.e. name change, billing address including my email). ***I understand that if a payment is rejected or declined, there will be a \$25.00 fee for each rejected/declined payment in addition to repayment of the amount due.*** _____(initial)

I agree to adhere to these and all Mixturez Dance Studio policies.

Authorization by electronic signature is understood as agreement to Policy Statement.

DISCLAIMER:

Mixturez Dance Studio reserves the right to cancel any class that does not reach the minimum enrollment of 7 students. In that event, you will be notified of the cancellation and offered an alternative class.

X _____
Signature of person(s) making payment Date