



1149 HERITAGE ROAD
 BURLINGTON, ON L7L 4Y1
 Phone (905) 335-2100; Fax (905) 335-2105
 Email: premieredance@on.aibn.com
 Website: www.premieredanceinc.com

How did you hear about us?

Newspaper Friend
 Flyer Internet
 Other

premiere
 DANCE INC.

REGISTRATION FORM

Student Name: _____

Address: _____

Postal Code: _____

Email Address: _____

Date of Birth: _____ Health Card No: _____

Telephone No: Home: _____ Business: _____ Cell: _____

Parent/Guardian: _____

Costume Deposit: _____

Administration Fee: _____

Tuition: _____

Total: _____

ATTENTION!
MEDICAL ALLERGIES/CONDITIONS:

RECREATIONAL STUDENT
CLASS/DANCE FORM:

TINY TOES COMBO HOP HOP OTHER:
 JAZZ MATAZZ JAZZ ACRO
 BALLET TAP THEATRE

Recreational Payment Method: 5 Cheques

#1 Sep 1	#4 Mar 1	5 EQUAL PAYMENTS \$ _____
#2 Nov 1	#5 May 1	
#3 Jan 1		

Yearly Tuition Payment In Full: \$ _____

COMPETITIVE STUDENT
COMPANY:

PRE-MINI CO MINI CO PRE-JUNIOR JUNIOR
 INTER CO INT/SEN CO SEN CO SR/ADV CO
 SYLLABUS

Competitive Payment Method:

<input type="checkbox"/> SYLLABUS \$ _____	<input type="checkbox"/> Monthly Fee
<input type="checkbox"/> YEARLY TUITION \$ _____	
TOTAL YEAR \$ _____	

Yearly Tuition Payment In Full: \$ _____

NO REFUND ON REGISTRATION FEE. NO REFUND ON TUITION – DANCE CREDIT ONLY!

RELEASE FORM ****PLEASE READ BEFORE SIGNING**** On behalf of myself, my child/children, our heirs, executors and administrators, I/We hereby release PREMIERE DANCE INC., its employees and agents, in particular Carla Marques Delduco, from any and all liability and any and all claims, demands and causes of action of any kind whatsoever that I/We might have arising out of my child's participation in instructional lessons and studio authorized competitions. I/We agree to assume all risks connected with any instructional lessons received by my child/children at the Studio or under the supervision of PREMIERE DANCE INC.

SIGNATURE OF PARENT/GUARDIAN: _____ **Date:** _____