

FLEETWOOD DANCE CENTER www.Fleetwooddance.com
FALL REGISTRATION 2009-2010

Student's Name _____ Age ____ Grade in Fall _____

Address _____ Cell phone- _____ Home _____

City and Zip _____ School _____

Parents/Guardians
Name _____

Class Day and Time _____

E-mail Address _____

Date Registered _____ Tuition will be paid: () 10 installments
() 3 installments

Registration Fee: \$28.00 Payable by check, Mastercard or Visa
After Sept. 1st- \$32.00

Credit Card will be automatically charged on the 15th of each month

CC# _____

exp. Date _____ *(Please print slow and neat. Thanks)*

I understand and recognize the risks of physical injury in dance and performances. I am willing to assume those risks. I agree that I will not hold Fleetwood Dance Center | Fleetwood Dance Theater, INC. liable for injuries sustained by my child while in attendance and/or participating in any classroom or performing activity with Fleetwood Dance Center. I also understand quarterly tuition is discounted off the monthly amount. If I choose to pay quarterly and withdraw my child early there are no refunds.

I give my permission for my child to appear in publicity, advertising and/or newspaper articles in regard to performances/classes with Fleetwood Dance Center.

_____ date _____
Signature of Parent or Guardian

For Office use only:

Registration Fee Amount _____ Date paid _____ Total Dance
Hours _____

Tuition Due _____ Tuition Paid at registration _____ Check # _____

Parent or Guardian's Last Name if different than student:

_____ Siblings- () Yes () No
Names _____

Mail To: Fleetwood Dance Center
11164 State Bridge Road Suite 4
Alpharetta 30022
770-442-5229