



'07-'08 ADULT REGISTRATION FORM

Dancer's surname _____ Dancer's first name _____

Street address _____ City _____ Postal Code _____

Home phone _____ Emergency phone _____

Did you attend Dance Extreme last year? **Yes** **No** If yes, # of years attending _____

If no, how did you hear of Dance Extreme? _____

Can we correspond by email? **Yes** **No** Can we correspond by email (JLC events)? **Yes** **No**

Email: _____ Please list any known allergies _____

	Ballet	Jazz	Tap	Hip Hop	Other	Other
Class Level						
Day & Time						

- Please make all cheques payable to 'Dance Extreme Inc.'
- There will be a service charge of \$45.00 for every returned or NSF cheque
- The registration fee of \$25.00 as well as automatic withdrawal or full payment **MUST BE SUBMITTED** at the time of registration.
- **Registration fee is non-refundable**
- If you discontinue for any reason a letter is required to notify Dance Extreme
- Letters received prior to the 15th of the month will have all months to follow refunded
- Letters received after the 15th of the month will be responsible for the following month, all months to follow refunded
- All classes are broadcasted in the front lobby.
- **No refunds for full year classes after December 21, 2007**
- **No refunds for 8-week programs after classes have begun**



FOR OFFICE USE ONLY

Registration fee: _____ \$25 staff initials: _____ date: _____

Method of payment: _____ Cash _____ Visa _____ M/C _____ Direct Payment _____ Automatic Withdrawal

Cheque amount(s) for classes: _____

Method of payment: _____ Cash _____ Visa _____ M/C _____ Direct Payment _____ Automatic Withdrawal

Last name on cheque(s): _____ staff initials: _____ date: _____

8 Week Program

Fall _____ Winter _____ Spring _____

Registration fee: _____ \$25 staff initials: _____ date: _____

Method of payment: _____ Cash _____ Visa _____ M/C _____ Direct Payment _____ Automatic Withdrawal

Cheque amount(s) for classes: _____

Method of payment: _____ Cash _____ Cheque _____ Visa _____ M/C _____ Direct Payment _____ Automatic Withdrawal

Last name on cheque(s): _____ staff initials: _____ date: _____