

RED Dance Company

Student Registration Form

Student Name (First & Last): _____ Student Date of Birth: _____

Mailing Address: _____

Contact 1: _____ Contact 1 Cell: _____

Contact 2: _____ Contact 2 Cell: _____

Email of Primary Contact: _____

Date: _____ Signature: _____

Please list the class(es) you wish to enroll in.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

SUB-TOTAL: \$ _____

Registration Fee: \$ 25 _____

TOTAL: \$ _____

Type of Credit Card on File: (circle one) **Visa** **MasterCard** **Discover**

Credit Card on File: _____ Security Code: _____

Name on Card: _____ Exp. Date: _____ / _____ Zip Code: _____

Prices for Classes

<i>No. of Classes a Week</i>	<i>Price</i>	<i>Class</i>	<i>Price</i>
1	\$50	Tots Combo	\$50
2	\$95	Tots Acro	\$50
3	\$135		
4	\$160		
5	\$185		
6	\$205		
Unlimited	\$225		