



10301 Custer Rd. Suite 101
Plano, TX 75025
Phone: 214-509-9000
Fax: 214-383-3438
www.thedancemovement.com

<u>For office use only:</u>	
Date:	_____
Amount:	_____
Check:	_____
Cash	Charge
Paid for:	_____
AC?:	_____

Summer 2010 Registration Form:

To register for a class or camp, please submit this completed form with one month's tuition or the full cost of the camp. There is no registration fee for our summer programs. Classes and camps will be filled on a first-come, first-serve basis according to the dates we receive this form with payment. First 4 weeks tuition due with this form to register and second 4 weeks tuition due July 19, 2010.

Today's date: _____

Student's name: _____

Age (as of June 21): _____ Birthday: _____

Name of parents: _____

Address: _____

City: _____ Zip: _____

Phone (home): _____ (work): _____ (cell): _____

E-mail: _____

Classes/Camps requested: _____

Classes/Camps requested: _____

Classes/Camps requested: _____

Classes/Camps requested: _____

*Please see reverse side for Automatic Charge Payment Option

I authorize The Dance Movement to charge monthly tuition for (student's name) _____
for the amount of _____. If registering for 8 week session, the first 4 weeks will be charged the day of
registration and the second 4 weeks will be charged on July 19, 2010. If registering for a camp, the full cost of
the camp will be charged the day of registration. Full refunds are available if you cancel before the camp or
class and you will receive discounts off multiple classes/camps. \$15/month discount applied to second class,
\$25/month discount applied to third class, \$20 off each camp taken with classes.

MC/Visa Card # _____ Exp. Date _____/____

Name on card _____

Monthly tuition \$ _____

Signature _____

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1st 4 weeks (June 21-July 18) _____, 2010

2nd 4 weeks (July 19-Aug 12) _____, 2010.

Camp: _____, 2010

Confirmation

Process Payment

Database

Class Notebook

Roll Sheet

Contacts