

WINTER 2017 MINI DANCE REGISTRATION FORM

_		DITTOL ILLUIS			
		Medical Info:			
Home A	ddress:		City:		PC:
Home Pl	hone Number:	Main Email:_			
Main Contact Name:Relationship:			_ Phone Number:_		
Second Contact Name:Relationship:				Phone Number:_	
Third Contact Name: Relationship:			Phone Number:		
Alternate	Email:	Alternate Address	s:		
CLASS N	AME:		DAY:		TIME:
CLASS NAME:			DAY:		TIME:
Year- Dance Spaci Top n	notch customer service wi supportive, and positive o	an facility with a large seating ar th friendly and accommodating environment for dancers and the	staff	ViFi	
	Tuition Fees: Winter 2017 tuition fee f	for one class = \$435, including the \$	50 non-refund	able deposit and tax.	
Select Your Payment Method: CASH IS NOT ACCEPTED FOR TUITION PAYMENTS					TS
	Cheques payable to "	ViBE" VI	ISA	M	asterCard
	Card #:			Expiry Date:	
	Card Holder Name:		Signature:		
	Email to be used for Registration Receipt (tax deductible):				
I agree to b fitness class	ses. I accept the risk and releas	the ViBE Information Pamphlet and le e ViBE Studio Productions Inc. from a rolment. I allow ViBE Studio Production	ıll liability. I acce	pt that the deposit is n	non-refundable, and the post-
Date:		Parent/Guardian Signatu	ıre:		