

Broadway Bound Dance Centre

FALL REGISTRATION FORM

Billing Name

Street Address E-Mail

City State Zip/Postal

Hm Phone () Cell Phone ()

Emergency Contact Phone ()

Student Name Birth Date

ENROLLMENT

NAME OF CLASS	DAY	TIME	TUITION
<input style="width: 365px; height: 25px;" type="text"/>	<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 175px; height: 25px;" type="text"/>	<input style="width: 95px; height: 25px;" type="text"/>
<input style="width: 365px; height: 25px;" type="text"/>	<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 175px; height: 25px;" type="text"/>	<input style="width: 95px; height: 25px;" type="text"/>
<input style="width: 365px; height: 25px;" type="text"/>	<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 175px; height: 25px;" type="text"/>	<input style="width: 95px; height: 25px;" type="text"/>
<input style="width: 365px; height: 25px;" type="text"/>	<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 175px; height: 25px;" type="text"/>	<input style="width: 95px; height: 25px;" type="text"/>

YEARLY FALL REGISTRATION FEE DUE WITH FORM: **\$30.00**

TOTAL TUITION:

After reviewing page one of the registration packet, I plan to pay my class tuition by the following method (please circle one)

Monthly

 Trimester

 Full Season Pre-Pay

After reviewing page one of the registration packet, I plan to pay my costumes by the following method (please circle one)

Monthly

 Trimester

 Full Season Pre-Pay

Credit Card Payment Information:

Name On Card Number

Expiration Date: CSV#

I acknowledge the awareness of a \$30.00 recital fee per family that will be due by 5/1/09. (Please check box)