

POSPESHIL PERFORMING ARTS

Registration Form 2016-2017

Last Name _____

Student Name(s): _____

Birthday & Age: _____

School Grade: _____

Years of Dance Experience: _____

Mother's Name: _____

Father's Name: _____

Address: _____

City & Zip: _____

Contact Phone #'s: _____

Email: _____

(All information will be sent out via email from Pospeshilperformingarts@gmail.com; please check frequently, and check your spam folder. Thank you, PPA Staff)

| Classes/Rehearsals Attending: | Days & Times: | Tuition: |
|-------------------------------|---------------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Multi-class/Family Discount (see brochure) - _____

Registration Fee + \$20

Total Due = _____

Payment Plans may be set up through the office.

Refund Policy: Please see brochure for details.

Liability: The safety and security of the students are very important to us. Every effort will be made to prevent students from being injured. Any injury that does occur will be carefully documented and taken care of to the best of our ability. Pospeshil Performing Arts Co. is not liable for medical expenses that may be the result of an injury. Please make sure your child enters and exits the building safely.

Parent/Guardian Signature: _____