

Simcoe Dance Academy

Student Registration Form

2017-2018

Student's Name: _____

Address: _____

Postal Code: _____

Telephone: (_____) _____ Cell: (_____) _____

E-Mail: _____

Age: _____ Birthdate: _____ / _____ / _____
(D) (M) (Y)

Payments:

Registration Fee: \$ _____

Payment Option # 1: Void Cheque _____ Sept. Fees _____

Payment Option # 2: 1st Term _____ 2nd Term _____ 3rd Term _____

Payment Option # 3: Full Payment of Season _____

Classes Attending:

TYPE	GRADE	DAY	TIME	DAY	TIME	DAY	TIME
BALLET							
TAP							
JAZZ							
MODERN							
ACRO							
HIP HOP							