Revolutions Dance Company

Telephone: 407-416-6739 650 North Alafaya Trail, Suite 113 Orlando, Florida 32828 www.danceatrdc.com | danceatrdc@gmail.com



FALL REGISTRATION

FALL REGISTRAT	IUN				
First Choice Class:			Second Cho	_ Second Choice Class:	
Student:		Age:	DOB: Scl	nool: Grade:	
Parent's Name:			Parent's N	Parent's Name:	
Home Phone:			Cell Phone	::	
Work Phone:			E-mail:		
Street Address:					
City:			State:	Zip Code:	
CARD INFORMATION	(REQUIRED)]VISA □DISCO	ver □mastero	ARD □ Amex	
Name on Card:					
Credit Card #:			E	xp/ Sec. Code:	
REGISTRATION PAY	MENT INFORMA	TION □USE CAI	RD ABOVE □CASI	н □снеск	
MONTHLY AUTO-DR	AFT □CREDIT	CARD		ADDITIONAL COSTS	
MONTHLY TUITION I	-			Please initial:	
***** SIBLING DISCO Class Length 45 minutes 1 hour 1.5 hours Unlimited Silks & Aerial AMOUNT ENCLOSED Tuition Registration Fee Acro Surcharge Costume Deposit Recital Fee Total	1st Class \$58.00 \$68.00 \$88.00 \$235.00 \$75.00	2 nd Class \$48.00 \$58.00 \$73.00	3 rd Class \$48.00 \$58.00		
BY SIGNING BELOW,		THE FOLLOWING	TFRMS AND CO	NDITIONS	
FINANCIAL: A credit car check, auto-draft, or cred 8th of every month and termination is required. accidents caused by acts thereof. MEDICAL: Revostudio of student's special	d is required to be dit card. No monthl the credit card on f Returned check fee of said student and lutions Dance Com al needs.	on file at the studio, y notices are sent. Y ile will be charged we is \$35.00. RELEAS If the person hereaft pany must be advise	Monthly payments four account will be with the regular pays E: No liability is assuer signing the contred of pre-existing m	are due the first of every month and can be paid by cash, considered past due if the payment is not received by the ment as well as a \$25.00 late fee. A 30 days notice of amed by the school for the purposes of the student for the act on behalf of said student assumes responsibility edical physical and medical conditions. Please notify the	

NAME: ______ SIGNATURE: _____ DATE: _____