

**Revolutions Dance Company**  
Telephone: 407-416-6739  
650 N Alafaya Trail Suite 113,  
Orlando, Florida 32828  
www.danceatrdc.com  
Email: danceatrdc@gmail.com



**SUMMER REGISTRATION**

Summer program June 21st - July 24th

First Choice Class: \_\_\_\_\_ Second Choice Class: \_\_\_\_\_

Student: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**CARD INFORMATION**  VISA  DISCOVER  MASTERCARD

Name on Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_ Sec. Code: \_\_\_\_\_

**REGISTRATION PAYMENT INFORMATION**  USE CARD ABOVE  CHECK  CASH

Name on check: \_\_\_\_\_ Check #: \_\_\_\_\_ Bank: \_\_\_\_\_

**TUITION INFORMATION**

Class Length	1 <sup>st</sup> Class	2 <sup>nd</sup> Class	3 <sup>rd</sup> Class
45 minutes	\$65.00	\$55.00	
1 hour	\$75.00	\$60.00	\$50.00
1.5 hours	\$95.00	\$80.00	\$70.00
Unlimited	\$325.00		

**ADDITIONAL COSTS**

**Please initial:**  
\_\_\_\_\_ **Registration Fee \$10.00**  
Non-refundable, paid when registration form is received.

**AMOUNT ENCLOSED**

Tuition \$ \_\_\_\_\_  
Registration Fee \$ \_\_\_\_\_  
**Total** \$ \_\_\_\_\_

Tuition amounts are a one time payment.

**BY SIGNING BELOW, YOU AGREE TO THE FOLLOWING TERMS AND CONDITIONS**

**FINANCIAL:** A credit card is required to be on file at the studio. Monthly payments are due the first of every month and can be paid by cash, check, auto-draft, or credit card. No monthly notices are sent. Your account will be considered past due if the payment is not received by the 10th of every month and the credit card on file will be charged with the regular payment as well as a \$25.00 late fee. A 30 days notice of termination is required. Returned check fee is \$35.00. **RELEASE:** No liability is assumed by the school for the purposes of the student for the accidents caused by acts of said student and the person hereafter signing the contract on behalf of said student assumes responsibility thereof. **MEDICAL:** Revolutions Dance Company must be advised of pre-existing medical physical and medical conditions. Please notify the studio of student's special needs.

**PHOTOS:** I give my permission to use a studio picture of my child in any advertising for Revolutions Dance Company.  YES  NO

**NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_