



2705—8th Avenue, Hillcrest, AB

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Email: dgroves@telus.net website: www.turningpointedancestudio.ca

ADULT & ACTING CLASSES REGISTRATION FORM 2010

Student Name: _____ Birthday (d/m/y): _____

Mailing Address: _____

Home Phone: _____ Email Address: _____

Mother's Name: _____ work #: _____

Father's Name: _____ work #: _____

Heather Concerns: _____ Alta Health Care #: _____

MONDAY CLASS SCHEDULE

_____ 4:30 Kids Acting (6-9)

_____ 5:15 Kids Acting (10-13)

_____ 6:00 Adult Comedy Improv

_____ 7:00 Adult Hip Hop

_____ 8:00 Adult Salsa (with or without partner)

All classes will run November 1st to December 6th

6 week session \$63.00

PAYMENT: _____

I understand that Turning Pointe Dance Studio, its employees and volunteers are not responsible for injury due to accident nor property loss. I know that upon withdrawal from classes, registration fees, costume fees and present month's fees are non-refundable, and that I must give two week's notice (in writing) to receive all other fees back. There will be no refund of after February 1st, 2009. I realize that all fees (full or post-dated) must be into the studio prior to the first lesson of the season.

Parent Signature: _____ Date: _____