

REGISTRATION FORM – September, 2010

please detach and return the completed form with a registration fee of \$25.00 (per family) along with the 1- month's tuition.
THIS IS NON-REFUNDABLE.

Mail to: Sally Gould, 273 River Street, Billerica, MA 01821 (978) 667-9115

Student's Name: _____ D.O.B.: _____ Age: _____

Parent / Guardian Name: _____

Address: _____ Town: _____ Zip: _____

Phone (Home) _____ (Work) _____ (Cell) _____

E-mail Address: _____

Class I _____ Day: _____ Time: _____

Class II _____ Day: _____ Time: _____

Class III _____ Day: _____ Time: _____

Where did you last study? _____ Class: _____ # of Yrs.: _____

Registration Fee Enclosed: \$ _____ Sept. Tuition Enclosed \$ _____

How did you hear about us? ___ Newspaper ___ Website ___ Referral ___ Other _____

Our Payment Policies

9 1/2 PAYMENTS EACH OF:

\$43.00

\$46.00

\$176.00

CLASS HOURS PER STUDENT

45 Minute Class

1 Hour Class

Unlimited

Discounts: 2 Classes – 5% off 2- class, 3 Classes – 5% Off Total, 4 Classes – 10%, 5 Classes – 15%,
6 Classes – 20%

LIABILITY DISCLAIMER – Parent/Guardian MUST Sign

The Studio and the instructors are not liable for personal injuries or loss of, or damage to personal property. Since this is a physical activity, injuries may occur. Each student may decline to participate in any activity that may be harmful and is also responsible to inform the instructor of any limitation that may prevent full participation in class.

Parent/Guardian Signature _____ Date _____

Office Use Only

Date Registered: _____ Payment Received: \$ _____ Check # _____

Date Entered: _____ Entered by: _____