



ADULT REGISTRATION FORM

Name: _____ **Home#** _____

Work# _____ **Cell#** _____

Email: _____

Address: _____

Emergency Contact Name: _____ **Contact #:** _____

Please indicate any Medical Conditions, or concerns that may affect participation in dance:

	Amount
<u>Family Registration Fee</u> <i>\$0 if an immediate family member has already paid on their registration form</i> <i>\$30 if registering before September 7th</i> <i>\$50 if registering after September 7th</i>	
<u>Hip Hop Class Fee</u> <i>\$120 for the fall session (September 17th to December 10th)</i> <i>**No class Thanksgiving weekend</i>	
<u>Jazz Class Fee</u> <i>\$120 for the fall session (September 18th to December 11th)</i> <i>**No class Thanksgiving weekend</i>	
<u>Tap Class Fee</u> <i>\$120 for the fall session (September 21st to December 7th)</i>	
TOTAL	

Payment policy:

Family Registration Fee must be paid at time of registration and is non refundable. The class fee must be paid prior to starting classes. **Make cheques payable to Wainwright Dance Academy or WDA.**