



PERFORMING ARTS LIMITED - REGISTRATION FORM

2740 W. Touhy Ave., Chicago 60645

(773) 262-DANCE (3262)

www.performingartslimited.com



Referred By: Friend (Please List): _____
Internet or Other Source (Please Specify): _____

Please print clearly so that we can contact you! (This information is for Performing Arts Limited's use only)

Student's Name: _____ Age: _____ Birth Mo.: _____

Student's Name: _____ Age: _____ Birth Mo.: _____

Student's Name: _____ Age: _____ Birth Mo.: _____

Guardian Name(s): _____

Street Address: _____

City and ZIP: _____

Email Address: _____

Primary Phone No.: _____ Secondary Phone No.: _____

In Case of Emergency, Contact (Other than Guardian): _____

Emergency Contact Phone No.: _____

General Information: Tuition may be paid by the class, monthly, or per class semester. Discounts have been applied to monthly and semester rates. A month consists of a 4 class average. Semesters must be paid prior to the commencement of each class for guaranteed rate. The monthly fee applies to new registrants after first class. The first semester consists of 16 classes (4 mo.). The second semester consists of 20 classes (5 mo.). The summer semester consists of 6 classes (1.5 mo.). Private instruction must be paid in full prior to lesson. Costume costs (~\$50/class/yr.) are not included in group class tuition fees for performances. No fees are assessed for adding/dropping classes with proper notification. This form is good through August 31st from the date of the signed contract below.

Choice of Tuition Payment (Circle one): By The Class Monthly Class Semester

Performance Choice (Circle one): Any Women's Only Technique-No Shows

Classes Preferred:

Student	Class	Day	Time	Tuition Amount
1				
2				
3				
4				
5				
6				

Register early to save your place in class!
Please enclose the tuition and registration fee with this completed form. Please feel free to contact us at any time for additional information.

Total Tuition: _____
Registration Fee (\$10 per student): _____
TOTAL AMOUNT ENCLOSED: _____

IMPORTANT: I have read the tuition, attendance, dress code and class placement procedures as stated in the Winter 2009 PAL online newsletter. I understand the importance of adhering to these policies for the best overall environment and experience. I understand that PAL and its staff will not be held responsible for injuries sustained in class, while performing, or traveling to or from its facilities.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY				
REG FORM DATE RCVD-	DATE PD-	AMT-	C / CC / CHK #	RCVD BY-
ATTEND. LISTSM/Tu/W/Th/Sa/Su	MANUAL:	TUI / STDT / CSTUM	CMPT INFO: RFRRL / MINDBODY / EML / BDAY	