

STUDIO 613 Conservatory

2009/2010 SEASON

Class Dates: 11/15/2009-02/14/2010 (no classes on 12/13/09 & 12/27/09)

Family Name _____ Address _____ Home Ph. _____

Mother _____ Cell Phone _____ E-Mail _____

Father _____ Cell Phone _____ E-Mail _____

Students Name	Birth Date	School	Class				
1. _____	_____	_____	1	2	3	4	5
2. _____	_____	_____	1	2	3	4	5
3. _____	_____	_____	1	2	3	4	5

Class Offerings:

1. Ballet/Tumble-10:30am
2. Gymnastics-10:30am
3. Ballet 11:30am
4. Karate-11:30am
5. Hip Hop-11:30am

Fees: \$250.00 per class

Total Amount Due: _____

Payment Method (circle one): AMEX / Mastercard / Visa / Disc / Check (payable to Studio 613, Inc.)

Credit Card Number _____ Exp. Date _____

No refunds will be granted for absences or withdrawals.

I have read and accept the above conditions and policies.

Signature _____

Date: _____