



Blue Moon Dancesport

International Ballroom and Center for the Performing Arts

2011 – 2012
REGISTRATION FORM

Complete entire form and return with payment. All fees are non-refundable and non-transferable

STUDENT INFORMATION

Please Print Clearly

Student 1 Name _____ Birthdate _____ Age _____

Student 2 Name _____ Birthdate _____ Age _____

Address _____

City _____ State _____ Zip _____

Email _____ Previous Training _____

Home Phone _____ School _____ Grade _____

Please list any physical / developmental / learning / medical conditions you feel we should be aware of:

PARENT / GUARDIAN INFORMATION

**if student is under age 18*

Mother's Name _____ Work /Cell # _____

Father's Name _____ Work /Cell # _____

How did you hear about us? Website ___ Ad ___ Referral ___ Facebook ___ Flyer/Location _____

Account Agreement: I agree to abide by the policies and guidelines of Blue Moon Dancesport (BMD). I understand that there are no refunds, credits or deductions for classes missed or discontinued. I also understand that BMD reserves the right to bar any student from entering class or to remove any student from a class due to disorderly conduct/disruptive behavior or for any other reason determined by management. On behalf of myself and other family members in my care, I assume responsibility for any injury sustained or loss of property while on the premises of BMD or any of its related events. I agree to hold harmless BMD, its directors, instructors and any of its agents. I also give permission for photographs that include myself to be used for promotional purposes such as advertising or press releases.

Parent / Guardian Signature _____

Date _____

CLASS ENROLLMENT

Student	Class	Day / Time	Instructor

Second Choice: _____ Third Choice: _____



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Account Name (Primary Contact listed on registration form): _____

TUITION PAYMENT

FIRST PAYMENT

Registration Fee: _____
Costume Deposit: _____
Total Monthly Tuition: _____
Less Family Discount: _____

Grand Total: _____

Check Included: Check #: _____ Date: _____
Charge to Credit Card: (circle) VISA DEBIT MASTERCARD
Print Cardholder's Name _____
Account Number _____ Exp. Date _____
Authorized Signature _____ Date _____

First month's payment must be submitted.

Be sure your registration is complete!

Pay in full and receive a discount off tuition!

Auto Payment Form must be completely filled out if choosing to pay monthly.

AUTHORIZATION FOR AUTOMATIC PAYMENTS - MONTHLY INSTALLMENT PLAN

All families, except those who pay tuition "in full", will be set up on a convenient monthly automatic payment system. To cancel this service if lessons are discontinued, please notify BMD's office, in writing, by the 15th of the month prior to when you plan to discontinue. Emails and word of mouth will not be accepted. If you do not do so, your account will continue to be billed until the end of the agreement or until such written notice is received. There are no refunds for classes not attended if you discontinue in the middle of the month.

POST-DATED CHECKS (Please attach three checks made out to "BMD", post-dated Oct. 1 / Jan. 8 / Apr. 1)

CREDIT CARD ACCOUNT (Please circle) **Visa Debit Master Card** *Rewards cards are not accepted.

Cardholder's Name (please print clearly): _____

Account Number: _____ - _____ - _____ - _____ Expiration Date: _____
(Card must not expire prior to 6/2012)

Authorized Card Holder's Signature for Automatic Payment

Date

I hereby authorize Blue Moon Dancesport to charge my credit card or initiate an automatic withdraw via electronic fund transfer by means of the Automated Clearing House ("ACH"), as indicated above. I understand that tuition payment will be processed on the first day of each month and applied toward my Installment Plan.

My automatic charges will cover tuition for _____, 2011 through June, 2012.

In the event my credit card be cancelled, declined or otherwise made unavailable for payment, or should my bank account be closed or transactions declined, I understand that I am still responsible for all remaining charges and agree that a service fee of \$30.00 will be assessed and billed to me direct. I agree to remit this fee to Blue Moon Dancesport upon receipt of invoice. I also understand that this fee may be in addition to fees charged by my lending institution. In the event my payments are declined on a repeated basis, I understand that my continued participation in the automatic payment program may be terminated. If this occurs, I understand that to ensure non-interruption of my child's dance education, I will be required to remit any past due tuition, as well as the remaining year's tuition. This payment is non-refundable.

X _____
Authorized Card Holder's Signature

Date