



201Turning Pointe Dance Studio Studio
 Address: 22705-8th Avenue, Hillcrest, AB
 Mailing Address: 22 Northlander Road West, Lethbridge, AB T1J5G6
 Studio: 403-562-7730 Email: dgroves@telus.net
 Website: www.turningpointedance.ca Facebook: Turning Pointe Dance Studio Crowsnest

Beginner/Recreational Registration Form 2017/2018

Student Name: _____ Birthday & Age (d/m/y): _____

Mailing Address: _____

Home Phone: _____ Email Address: _____

Mother's Name: _____ Cell #: _____

Father's Name: _____ Cell #: _____

Heath Concerns: _____ Alta Health Care #: _____

12-Week Session Sept 19th-22nd

Tuesday: TINYTOTS

_____ 4:00-4:45 P.M. Cost: \$175

Tuesday: Kindercombo

_____ 5:30-6:15 P.M. Cost: \$175

Wednesday: TINYTOTS

_____ 3:30-4:15 P.M. Cost: \$175

Thursday: Beginner Acro 6-9 years

_____ 4:30-5:30 P.M. Cost: \$175

Thursday: Beginner Jazz/Hip Hop Combo 6-9 years:

_____ 5:30-6:15 P.M. Cost: \$175

Thursday: Beginner Acro 10+ years

_____ 6:15-7:15 P.M. Cost: \$175

Thursday: Beginner Jazz/Hip Hop Combo 10+ years:

_____ 7:15-8:00 P.M. Cost: \$175

Thursday: Try-All Combo Class 12+:

_____ 7:30-8:15 P.M. Cost: \$175

8-Week Session Oct 22nd-Dec 14th

1 class \$80, 2 classes \$150, 3 classes \$210

Monday: Adult Barre

_____ 7:00-8:00 P.M. Cost:

Thursday: Adult Barre

_____ 7:00-8:00 P.M. Cost:

Sunday: Adult Barre

_____ 7:00-8:00 P.M. Cost: \$

4 Week Session Oct 26th-Nov 16th \$40

Thursday: Broadway Jazz Dance

_____ 8:15-9:00 P.M. Cost: \$

6-Week Session Commencing Week of September 18th

Monday: Mom & Tot

_____ 10:00-10:45 A.M. Cost: \$87.50

Monday: TINYTOTS

_____ 11:00-11:30 A.M. Cost: \$87.50

PAYMENT: _____

I understand that Turning Pointe Dance Studio, its employees and volunteers are not responsible for injury due to neither accident nor property loss. I know that upon withdrawal from classes, registration fees, fees are non-refundable. There will be no refund given after session has started. I realize that all fees (full or post-dated) must be into the studio prior to the first lesson of the season.

Parent Signature: _____ Date: _____