



IN MOTION DANCE

404 # A ROBERT PARKER COFFIN ROAD ♦ LONG GROVE, IL 60047 ♦ DANCINGINMOTION.COM

REGISTRATION FORM

Student's Name: _____

Parent's Names: _____

Address: _____

City: _____ Zip Code: _____ Phone Number: _____

Email Address: _____

Students Current Age: _____ Birth Date: ____/____/____

Allergies/Medical Information: _____

Emergency Contact Name and Phone Number: _____

	CLASS (STYLE)	DAY	TIME
1			
2			
3			

\$10 Registration fee per student or \$15 per family

\$450/45 MINUTE CLASS \$480/60 MINUTE CLASS \$510/75 MINUTE CLASS \$540/90 MINUTE CLASS

PAYMENT TYPE:

- CASH
- CHECK: MADE PAYABLE TO IN MOTION DANCE (CHECK NO. _____)
- CREDIT CARD: VISA, MASTERCARD, AMERICAN EXPRESS

(A 3% CONVIENCE FEE IS ADDED TO ALL CREDIT/DEBIT CARD TRANSACTIONS)

CARD #: _____

CARD EXP: DATE: ____/____/____ CCV: _____

BILLING ZIP CODE: _____

PAYMENT 1: _____ PAYMENT 2: _____ PAYMENT 3: _____ PAYMENT 4: _____ PAYMENT 5: _____

I am enclosing my tuition payment, signed waiver and understand these fees are non-refundable and non-transferable.

Parent Signature: _____ Date: _____

MAIL REGISTRATION TO:

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