CLACKAMAS DANCE
AND PERFORMING ARTS CENTER

SUMMER REGISTRATION 2011
Beginning July 5th (8 weeks of classes, 2 camps)

Name of Student _____ Last Name _____

Address _____ City _____ Zip _____

Home Phone # _____ Grade 2010-11 _____ Age _____

Mother's Name _____ Cell Phone OR Work Phone _____ Father's Name _____ Cell Phone OR Work Phone _____

Email _____

PLEASE LIST THE CLASS(ES) YOU ARE REGISTERING FOR: (if unlimited, no need to list classes)
(ONE STUDENT PER REGISTRATION FORM PLEASE)

DAY	**TIME**	**CLASS**

CAMP ($130/$30 DAY) _____ **(INDICATE IF NOT ATTENDING 5 DAYS)**

PLEASE RETURN REGISTRATION TO: **Clackamas Dance, 11785 SE Hwy 212 #313, CLACKAMAS OR 97015**

ENCLOSE THE FOLLOWING:

1. COMPLETED REGISTRATION FORM
2. PAYMENT FOR SUMMER SESSION
   (Tuition must be paid in full in order to hold your place in class)

Summer Tuition(8 weeks)

45 minutes a week	$42 a month
1 hour a week	$52 a month
1 ¼ hours a week	$62 a month
1 ½ hours a week	$74 a month
1 ¾ hours a week	$86 a month
2 hours a week	$98 a month
2 ¼ hours a week	$105 a month
2 ½ hours a week	$110 a month
2 ¾ hours a week	$115 a month
3 hours a week	$120 a month

Each additional hour is $25.00

Method of Payment

□ Cash □ Check# _____

□ Visa □ MC _____ _____
Card Number Expiration Date

I hereby authorize Terpsichoria Dance Studio to charge my account the amount of

$ _____ On July 1st (charges will appear as Clackamas Dance.)

There will be a $25 fee for each declined credit card transaction or NSF check payment.

X _____