



**DEBORAH'S STAGE DOOR
CENTER FOR THE PERFORMING ARTS
SUMMER REGISTRATION FORM - 2010**

51031 Celeste
Shelby Township, MI 48315
586-247-1400

SHELBY - SUMMER SESSION: JUNE 21, 2010 – AUGUST 5, 2010

FEES FOR THE SUMMER SESSION: (These rates are by family.)

- 1 CLASS \$55
 - 2 CLASSES \$52.50 (2 classes=\$105)
 - 3 CLASSES \$50 (3 classes=\$150)
 - 4 CLASSES \$47.50 (4 classes=\$190)
- **PLEASE ADD \$40 PER CLASS FOR MORE THAN FOUR CLASSES.**

STUDENT'S NAME _____ HOME PHONE _____
 _____ ADDRESS _____ CITY &
 ZIP _____
 AGE _____ BIRTHDATE _____ GRADE IN SCHOOL _____ BOY _____
 GIRL _____
 PARENT/S NAME _____ WORK _____
 PHONE _____
 CELL PHONE _____ FIRST YEAR ENROLLED AT
 DSD _____
 E-MAIL
 ADDRESS _____

HOW YOU HEARD ABOUT THE STUDIO _____

CLASSES ENROLLING IN:
 DAY _____ TIME _____ TYPE _____
 DAY _____ TIME _____ TYPE _____
 DAY _____ TIME _____ TYPE _____
 DAY _____ TIME _____ TYPE _____

*All students and the parents/legal guardians are aware of possible physical injury that may occur during dance/gymnastic classes, performances, and/or rehearsals and are willing to assume those risks. It is agreed that students, and their parents/legal guardians will not hold DSD Dance and its directors, officers, and/or employees liable for injuries sustained while in attendance or while participating in any DSD Dance activity. We give our permission to DSD Dance to use pictures and videos of our child for advertising purposes and to contact us through email at the address above – or an updated address that we have supplied to the studio office. I understand that I am responsible for all late fees incurred when any payments are not made on time. Tuition is non-refundable.

Mother's Signature _____ Date _____
 Father's Signature _____ Date _____
 Student's Signature _____ Date _____

*****Summer Tuition – Register Now for best choice of day and time!***

Total Amount Owed _____ Amount Paid _____ Date _____ Cash _____ Check # _____
 Mastercard _____ Visa _____ Credit Card
 Number _____ Exp.Date _____
 Name of Credit Cardholder(Please
 print) _____
 Signature of Credit
 Cardholder _____

Please note that a 3% administrative fee will be added to this credit card transaction.

Received by (employee's name) _____ **On computer by** _____

My Documents / Registration / 2010 / SummerReg Form 2010