

# 2024-2025 ADULT REGISTRATION FORM

Please print and complete in full

A 2024-2025 Adult Registration Form must be completed for all adults attending CFDE classes just once per year. Subsequent classes or sessions will be annotated on the completed registration form.

COUPLE (Ballroom)       SINGLE

(CHECK ONE)

ADULT #1 INFORMATION
NAME _____
STREET ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell _____
EMAIL (Important for CFDE communication)
<input type="checkbox"/> I agree that I am physically fit and will not make a claim against, sue, attach the property of or prosecute Ballet Spartanburg, their agents, sponsors or employees for damages, death, personal injury or property damages I may sustain as a result of my participation in these activities.
<input type="checkbox"/> I am aware that this is a release of liability from myself and Ballet Spartanburg and its agents, sponsors and employees, and I have signed it of my own free will.
SIGNATURE _____
<input type="checkbox"/> \$15 Registration Fee Paid (One-time fee)

ADULT #2 INFORMATION
NAME _____
STREET ADDRESS <input type="checkbox"/> Same as #1 _____
CITY, STATE, ZIP CODE <input type="checkbox"/> Same as #1 _____
PHONE: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Same as #1 _____
EMAIL <input type="checkbox"/> Same as #1 _____
<input type="checkbox"/> I agree that I am physically fit and will not make a claim against, sue, attach the property of or prosecute Ballet Spartanburg, their agents, sponsors or employees for damages, death, personal injury or property damages I may sustain as a result of my participation in these activities.
<input type="checkbox"/> I am aware that this is a release of liability from myself and Ballet Spartanburg and its agents, sponsors and employees, and I have signed it of my own free will.
SIGNATURE _____
<input type="checkbox"/> \$15 Registration Fee Paid (One-time fee)

- **The following dates there will be NO CLASS:**      Beg. Ballet- 12/9    Adult Jazz/Tap- 10/30
- 
- Contemporary- 10/17; 11/28; 12/12; 1/23; 2/6; 3/20

DANCE	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
CHECK BOX FOR CLASSES ATTENDING	PAYMENT	PAYMENT	PAYMENT	PAYMENT	PAYMENT	PAYMENT	PAYMENT	PAYMENT	PAYMENT	PAYMENT
Beg. Ballet Mon.	30	60	60	60	30	45	60	75	45	30
Tap Begin Wed.	30	60	60	45	45	60	60	75	60	30
Tap Adv Wed.	30	60	60	45	45	60	60	75	60	30
Jazz Wed	30	60	60	45	45	60	60	75	60	30
Contemporary Thur	30	60	60	45	30	45	45	45	45	30

BALLROOM	Foxtrot	Tango	Swing	Slow Rock	Rumba	Waltz	Cha-Cha
	PAYMENT	PAYMENT	PAYMENT	PAYMENT	PAYMENT	PAYMENT	PAYMENT
Single Rate	75	60	60	60	60	60	60
Couple Rate	125	100	100	100	100	100	100
PAID →							

OFFICE USE ONLY:

RR: \_\_\_\_\_ Baserow: \_\_\_\_\_ Paid: \_\_\_\_\_

REVERSE SIDE

- Tuition prices do not include registration fees. Each adult must pay a one-time registration fee of \$15 per school year.
- Dance classes paid monthly PRIOR to class. Ballroom is paid per session.
- Dance and Ballroom rates may not be prorated, carried forward, or refunded. Any cancelled classes will be rescheduled.

CHECK  CASH  MC  VISA

\_\_\_\_\_  
NAME ON CARD

\_\_\_\_\_  
CREDIT CARD NUMBER

\_\_\_\_\_  
CVV

\_\_\_\_\_  
EXP.

\_\_\_\_\_  
ZIP CODE

REGISTRATION FEE(S) \_\_\_\_\_

TUITION TOTAL \_\_\_\_\_

TOTAL PAID \_\_\_\_\_

**Date Paid:** \_\_\_\_\_

**Employee:** \_\_\_\_\_