

REGISTRATION PROCEDURE\*

Registration for the current season begins NOW. Complete and mail the registration form below with your tuition BEFORE the start of your first class, or register in person September 7th. (See School Calendar)  
Registration form is available online at: [www.syracuseschoolofdance.com](http://www.syracuseschoolofdance.com)

\* Certain classes fill up quickly; it is advised that you register early by mail to ensure placement in your desired class.

PLEASE PRINT CLEARLY AND FILL OUT EVERY LINE ACCURATELY.

Make checks payable to: **Syracuse School of Dance** Please Mail to: **403 Broadmoor Drive, Camillus, NY 13031**

Student Name \_\_\_\_\_

Billing Name (If different) \_\_\_\_\_

Birthdate (Adults optional) \_\_\_\_\_ Age \_\_\_\_\_ Sex (Circle one) M F

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

I wish to enroll in the following classes:

Class (Please use correct title)	Day	Time
1		
2		
3		
4		
5		

Total number of classes per week \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_\_\_

Tuition due first semester \$ \_\_\_\_\_

Registration Fee + 10.00 Per Family \$ \_\_\_\_\_

Less family discount (if applicable) \$ \_\_\_\_\_

Total Due \$ \_\_\_\_\_

Tuition and Registration Fee must be paid at the time of registration.

I understand that there are no refunds and that upon Notice of Payment I will pay my tuition for that period.

Signature of adult student \_\_\_\_\_

Signature of parent \_\_\_\_\_ Spouse's first name \_\_\_\_\_