

## Summer Registration Form

I \_\_\_\_\_, hereby agree to the following:

1. That I shall pay a non refundable deposit of \$50.00 to ensure a place for my child in class. This deposit will be deducted from my total tuition owed for the summer workshop.
2. It is to be noted that the Conservatory Summer Workshop runs for two 3 week sessions for ages 3-Adult.
3. Tuition can be pro rated for summer (upon approval of the Conservatory) for classes missed due to vacations.
4. Summer Workshop for ages 3-Adult is due by July 10<sup>th</sup> for First Session and Second Session Payment is Due by August 7<sup>th</sup> . Payment arrangements can be made if needed.
5. Should any invoice remain unpaid after thirty (30) days from its due date, the student(s) shall be withdrawn from the Conservatory and this contract will be deemed in default. Upon default, interest shall accrue on any unpaid principal at the rate of 1.5% per month, (18% per annum) until paid. Should this account be turned over to an attorney for collection, the undersigned hereby agrees to pay attorney fees of 33 1/3% of the amount due when turned over for collection. Upon default, I hereby agree that my current employer shall have the authority to verify my employment with the Conservatory and or its counsel.
6. The attached sheet states the school's summer tuition rates. Initial \_\_\_\_\_

I, the undersigned, ( ) Parents, ( ) Guardians, ( ) Student of \_\_\_\_\_ the applicant, for and in further consideration of the Conservatory accepting said applicant, hereby agree to save and indemnify and keep harmless the said Conservatory of Dance, Ltd., its agents, sponsors against any and all liability, claims, judgments, or demands for damages arising as a result of injuries sustained by the applicant during or as a result of any course of instruction given the applicant by the Conservatory of Dance, Ltd.

Signature of Parents, Guardian, or Student (21 & Over)

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Signature

**Summer Registration Form**

Session 1

Total number of classes \_\_\_\_\_

Amount Paid \_\_\_\_\_

Session 2

Total number of class \_\_\_\_\_

Amount Paid \_\_\_\_\_

**Person Responsible for Tuition Payment** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_