

Performance R.S.V.P

Due November 6 – 11, 2017

Return even if not participating

(Participation not required)



Student Name (first) _____ (last) _____
 (As it should appear in the program)

_____ **YES**, My child will participate in the performance.
 Initials _____ Form must be returned with payment.

_____ **NO**, My child will not participate.
 Initials _____ Form must be returned.

_____ I fully understand that **all performance and costume fees are non-refundable.**
 Initials _____

For Competition Teams Only

_____ **YES, (HADco/WUPC ONLY)** My child will participate in the performance. This will include an additional costume expense separate from their regular classes.

Parent's Signature _____ Phone _____

Parent's Name (print) _____ Date _____

CLASS(ES)	DAY AND TIME (example: Monday, 4:00-5:00)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please circle your child's size below. This information, along with the student's measurements taken in class, aids in selecting the correct size costume.

<u>Leotard size:</u>	CHILD	Small	Medium	Large	XL		
	ADULT	Petite	Small	Medium	Large	XL	

<u>PERFORMANCE FEES:</u>	<u>NOV. 6-11 DISCOUNT</u>	<u>AFTER NOV. 11, 2017</u>
1 child/ 1 dance	120.00	135.00
1 child/ 2 or more dances	135.00	150.00
Family (2 children or more)	180.00	190.00

<u>COSTUME DEPOSIT:</u>	<u>NOV.6-11 DISCOUNT</u>	<u>AFTER NOV. 11, 2017</u>
Per Dance	30.00	40.00

Performance Fee \$ _____

Costume Deposit \$ _____ x _____ (#of dances) = + _____

TOTAL DUE \$ _____

FOR OFFICE USE ONLY:

VISA

MASTERCARD

DISCOVER

CHECK

CASH

Amount _____

Check No. _____

Author. # _____

Date _____
