

Performance R.S.V.P

Due November 7 – 12, 2016

Return even if not participating
(Participation not required)

 **Houston Academy of Dance**

 **West University Dance Centre**

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.

Backstage Angels

YES / NO  I agree to be a **Backstage Angel** at the performance for my child's class(es).
(Circle one)

Email: _____
Please review packet available at the front office or online for responsibilities and information.
<http://www.houstondancecentre.com/forms/spring-concert/>

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.

Leotard size: CHILD Small Medium Large XL
ADULT Petite Small Medium Large XL

PERFORMANCE FEES:	<u>NOV. 7-12 DISCOUNT</u>	<u>AFTER NOV. 12, 2016</u>
1 child/ 1 dance	120.00	130.00
1 child/ 2 or more dances	135.00	145.00
Family (2 children or more)	180.00	190.00

COSTUME DEPOSIT:	<u>NOV. 7-12 DISCOUNT</u>	<u>AFTER NOV. 12, 2016</u>
Per Dance	30.00	40.00
Performance fee		\$ _____
Costume deposit	\$ _____ x _____ (#of dances) =	+ _____
	TOTAL DUE	\$ _____

Parent's Signature _____ **Phone** _____

Parent's Name (print) _____ **Date** _____

FOR OFFICE USE ONLY:	VISA	MASTERCARD	DISCOVER	CHECK	CASH
Amount _____	Check No. _____	Author. # _____	Date _____		