

AVIEMORE SCHOOL OF HIGHLAND DANCE REGISTRATION



Dancers Name: _____ Birthdate: _____ Age: _____

Dancers Name: _____ Birthdate: _____ Age: _____

Parents Name: _____

Cell Phone: _____

Email Address: _____

Address: _____

City: _____ Postal Code: _____

I understand that we are required to follow school policies and will show the school consideration of their commitment to my child by giving 30 days written notice prior to discontinuing classes. Fees will not be reimbursed without written notice or a doctor's certificate.

Parents signature: _____ Date: _____

Registration fee: \$15.00 Individual / \$20.00 Family - Payable to Aviemore Highland Dancers

Mailing address: 2802 Robinson Road, Winfield BC V4V 1G6
Studio address: City Dance Okanagan 4411 29th Street, Vernon BC

Cell: 250 558 8565 **Email:** aviemore@shaw.ca