Center Stage Performing Arts Studio

575 North 1200 West, Orem, UT 84057 Phone: 801-224-9012 www.centerstageutah.com

JUNE 7, 2010 - JULY 30, 2010

SUMMER 2010 REGISTRATION FORM

			/	Male / Female
Student's LAST Name	**FIRST Name**	**Middle Initial**	**Birthdate / Age**	**Circle One**

LAST Name of Billing Contact	**FIRST Name**	**Street / Postal Address**

Home Phone	**Cell Phone**	**City**	**/ Zip Code**

EMAIL ADDRESS:

CLASS	DAY	TIME	HOURS

NOTE: ALL REGISTERED STUDENTS WILL BE BILLED TUITION THROUGH

JULY 30, 2010

To change or drop classes - a class change form must be received by the 25th of the month to be effective for the following month. See contract for details.

TOTAL HOURS	
MONTHLY TUITION	$
FIRST DAY OF CLASS:	/ /

CREDIT CARD REQUIREMENT: We require a credit card number to be on file for each student. Your credit card will be **processed after the 10th** of each month for any outstanding balance (see contract).

PAYMENT DUE TODAY:

REQUIRED CREDIT CARD INFORMATION:	REGISTRATION FEE	$
VISA / MC / AMEX / DISCOVERY	TUITION (Pro-Rated Yes / No)	$
#	OTHER:	$
Expiration Date: /	OTHER:	$
AUTOPAY AUTHORIZATION: YES ☐ NO ☐	**TOTAL REGISTRATION DUE:**	$
AUTOPAY OPTION: We process your tuition for you. Autopays are processed on the 20th of each month to prepay for the following month.	**Check # _____ / CC Record # _____ / Cash**	
	AMOUNT PAID	$

By signing below I agree to have my credit card run for tuition if I have not paid by the 10th of each month.

Legal Guardian Signature	*Date*	*Secretary Initials*