Please return form with payment to: **Confederation Centre of the Arts** Att. Sarah Denman-Wood 145 Richmond Street Charlottetown, PE C1A 1J1 Phone: (902) 629-1175

Email: performingarts@confederationcentre.com

dance umbrella a program of Confederation Centre of the Arts Registration 2018/2019

Student's Name:	Parents/Guardian:
Mailing Address:	
	Postal Code:
Telephone: (primary)	(secondary)
Email (for class notices, etc. – please	use one you check frequently):
Date of Birth: (year	r) (month) (day)
Student is new to dance um	frella returning from previous/other year(s)
Does the student have any medical co	onditions of which we should be aware?
Registering for (please include name	of class, day, and time):
	ins the right to cancel any class for which there is insufficient enrollment. not assume responsibility for any injury resulting from misuse of equipment or failure
l,	, parent or guardian of (student's name),
hereby register said student in dance	class(es) conducted by Confederation Centre's <i>dance umbrella</i> , and understand and h apply. I have also read and understand the sheet of "Important Information".
Signature:	Date:
	nd performances may be documented by photo and video. These may be used for ant your child's image to be used, please initial here
Cheque payments are payable to C If paying by credit card, please con	onfederation Centre of the Arts. nplete the following:
I authorize payment by credit card:	Payment in full 4 payments as outlined in payment plan
Card Number	Expiry Signature
**********	************************
For Office Use Only:	
Total Due Payn	nent Received
Method of Payment Credit Ca	ard Debit Cash Cheque Post-dated Cheques