



PLEASE RETURN REGISTRATION FORM WITH PAYMENT TO:

**CONFEDERATION CENTRE OF THE ARTS**

**Attn: Callista Gilks**  
**145 Richmond Street, Charlottetown, PE C1A 1J1**

Phone: **(902) 628-6134**  
Email: **dance@confederationcentre.com**

STUDENT'S NAME:

PARENTS/GUARDIAN:

MAILING ADDRESS:

TELEPHONE: (primary)

EMAIL (for class notices, etc. – please use one you check frequently)

(secondary)

STUDENT'S AGE:

DATE OF BIRTH: (year)

(month)

(day)

STUDENT IS  NEW TO dance umbrella  RETURNING FROM PREVIOUS/OTHER YEAR(S)

IF NEW TO dance umbrella, HOW DID YOU HEAR ABOUT THE PROGRAM?

MEDICAL CONDITIONS: Make note of any medical conditions.

PLEASE INDICATE WHICH CLASS(ES) YOU ARE REGISTERING FOR (please include name of class, day, and time):

class	day	time	class	day	time
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I HEREBY GIVE CONSENT AND REGISTER above mentioned student in dance class(es) conducted by Confederation Centre's dance umbrella, and understand and accept the terms and conditions which apply. I have also read and understand the sheet of "Important Information". PLEASE BE ADVISED that all classes may be documented by photos and video. Photographs may be used for marketing and publicity purposes. PRIVACY STATEMENT Confederation Centre of the Arts is the sole owner of the information collected here and through our website. We will not sell or otherwise distribute this information to third parties.

NAME / SIGNATURE

DATE

METHOD OF PAYMENT:

**PAID IN FULL**

**PAYMENT PLAN**

cash    cheque    post-dated cheques    credit card

(cheques payable to Confederation Centre of the Arts)

NAME ON CARD

CREDIT CARD NUMBER

EXP. DATE

CVV

FOR OFFICE USE ONLY:

TOTAL DUE

PAYMENT RECEIVED