



Billing Account Name

Provide contact info for Parent / Guardian responsible for billing of account

Name		Relationship to student	
Address			
City		State	Zip
Phone	Home	Work	Cell
Email	Personal		
Other Info			

Student Info

Provide Student Info. Please provide address if different from billing account.

Name		M / F
Date of Birth	School	
Grade	Medical Info	
Address		
City	State	Zip
Student cell	Student email	
Dr. Name		

**2001 COIT RD
SUITE # 210
PLANO, TX 75075**

**NW CORNER @
Park & Coit**

972.596.1400

**REVELATION
DANCESTUDIO
@VERIZON.NET**

Guardian-Contact Info

Guardian 1	Name		Relationship to Student
Phone	Home	Work	Cell
Email	Personal		Work
Guardian 2	Name		Relationship to Student
Phone	Home	Work	Cell
Email	Personal		Work

REGISTRATION
DATE _____

ACCOUNT
NUMBER

TRIAL CLASS:
DATE _____

TIME _____

Class Name	Day	Time	Monthly Tuition
Tuition Due on the 1 st of each month. A \$25 Late fee is applied after the 10 th each month.			total
Signature			Date

Initial Payment	
Pro-rate Tuition (1st month only)	
Annual Registration	
Misc.	
Total	

HOW DID YOU FIND US?
