

Sandou Theatrical Circus Studio & School

6375 S. Arville St., Suite 7B

Las Vegas, NV 89118

702-454-5005

REGISTRATION FORM

Phone Number: (____) _____: Your Phone Number is your Registration Number.

First Child's Name _____ Age ____ DOB __/__/__ Class _____ Day(s) _____ Time _____

Second Child's Name _____ Age ____ DOB __/__/__ Day(s) _____ Time _____ Class _____

Registration Fee: First Child \$ _____ Second Child \$ _____

Tuition: First Child \$ _____ Second Child \$ _____ **TOTAL**

TOTAL FEES: \$ _____ + \$ _____

Form of Payment: Credit Card: _____ Check _____ Cash _____

Parent's Name _____

Address _____ City _____

State _____ Zip Code _____ Cell Phone _____ Work _____

Employer _____ Email _____

SIX-MONTH PAYMENT PLAN (5% Discount)

THREE-MONTH PAYMENT PLAN

MONTHLY PAYMENT PLAN

GUARANTEED FORM OF PAYMENT*

Credit Card

Visa MasterCard Amex Discover Debit Card

Card # _____ Expiration Date _____ Code # _____

Name on Card _____

* Charged to account only if payment is not received on or before the second week of the month.

Applicant acknowledges that he/she understands the tuition payment policies of Sandou Theatrical Circus Studio & School and agrees unpaid tuition and all unpaid items personally charged to their account by applicant and/or student will be charged to the credit card indicated above on the second week of each month. Applicant understands the charges applied to their credit/debit card will include a \$15.00 Late Fee (as specified in the registration agreement) and also will be assessed a \$1.00 Credit Processing Fee.

Applicant authorizes Sandou Theatrical Circus Studio & School to prepare and submit credit charge slips using any of the charge cards listed above to cover unpaid personal charges to their accounts by applicant and/or student that are outstanding by the second week of each month.

Sandou Theatrical Circus Studio & School requires a 30 Day Written Notice, which must be received by the first day of the month, prior to the dropping of any class. Failure to give notice makes the applicant responsible for one month of classes.

Applicant's signature **X** _____ Date _____