

REGISTRATION FORM

Name _____ New Student

Address _____

City _____ Postal Code _____

Phone _____

Email (for important studio and performance information) _____

Classes selected: _____

Please Enclose - Registration Fee
- Registration Form with signed Waiver
- Term Fees

- **Registration Fee** \$20.00
- **Cheques payable to** **Alma de España**
- **Mailing address:** **2568 Vancouver St.**
Victoria, B.C. V8T 4A7

For Information please call (250)384-8832
\$20 fee charged for NSF cheques

For office use only

Registration fee: _____

Showcase Fee: _____

Term 1

50% payment _____

50% balance _____

Term 2

50% payment _____

50% balance _____

Beginner 10 week session

Session 1 _____

Session 2 _____

Session 3 _____

Session 4 _____

Waiver and Release

In consideration of the acceptance of this enrollment registration, I, _____ release Alma de España, its respective servants, agents or employees from any claims, demands, damages, actions of causes of actions arising from, or in any way resulting from my participation in these Alma de España Flamenco classes not withstanding any such loss, injury or damage may have arisen by reason of the negligence of Alma de España, its servants, agents or employees.

Signature of applicant* required _____

***Note:** If applicant is under 18 years of age, parent/guardian must sign.

Date _____