



551 Hwy 32 - Pulaski, Wisconsin 54162 - (920) 822-7400  
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## "2021 GRAND FINALE and PARENT & DANCER"

### Grand Finale 4:15 – 5:00 pm Bi-weekly Wednesdays

All Dancers age 7 – 18 join in the dance Fun with our Award Winning Competitive Troupe Teams at the 2021 Recital Grand Finale Production! Bi-Weekly Classes.

### Parent & Dancer 5:00 – 5:30 pm Bi-weekly Wednesdays

Calling all Parents and their Dancer ... this is a family *funtastic* Recital Class which will be performed on stage at our annual Recital. For dancers age 5 to 18. Bi-Weekly Classes.

**Bi-Weekly Classes on Wednesdays 1/27, 2/10, 2/24, 3/10, 3/24, 4/7, 4/21 and 5/5.**

*\*Extra Practices if needed will be held on April 14 & 28*

*Please return bottom portion of this form with your payment of \$65 per dancer by Wednesday, January 20th*



*Sarah's Dance Academy*

2021 Dance Recital  
Grand Finale and Parent & Dancer

Please fill out, sign, and return this form with a \$65 per participant fee to the Studio Office by Thursday, January 20, 2021.

Please circle class (es)    **GRAND FINALE**    **PARENT & DANCER**

Dancer's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

- \$65 Payment per participant is due with this form.

#### RELEASE

Recognizing the possibility of physical injury that is associated with dance, I hereby release, discharge, and/or otherwise indemnify **Sarah's Dance Academy** and its associated personnel, against any claim by or on behalf of the registrant's participation in this program. In case of an injury or illness and a parent cannot be reached, the staff of **Sarah's Dance Academy** may authorize medical attention be given to the student listed above.

Tuition is non-refundable. There are no refunds or adjustments for missed classes, for dropping out of class or dismissal from class during the term. I agree to pay the student's tuition in full.

I have read and agree to abide by **Sarah's Dance Academy's** policies regarding medical release, tuition, attendance, and dance attire.

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use	Credit Card Information
Date Rec'd ____ / ____ /202	Card # _____
Amount Paid \$ _____	Name: _____
Check # _____ Cash / Card	Expiration Date ____ / ____ / ____
Received By _____	Security Code _____ Zip Code: _____