



American Stars of Dance, Inc.
BALLROOM
REGISTRATION FORM
2008 - 2009

P.O. Box 518
 Antioch, IL 60002
 (Mailing address)

Phone: (847) 838-1234 Fax: (847) 838-0699

133 Cedar Ave
 Lake Villa, IL.

ACCOUNT INFORMATION:

Account Name: _____ Home Phone: _____
 Address: _____ Work Phone: _____ Ext.: _____
 City/St/Zip: _____ Cell Phone: _____
 Emergency name: _____ Emergency number: _____

Partner Information:

Name: _____ Home Phone: _____ Work: _____ Cell: _____
 Emergency Name: _____ Emergency Phone: _____

HOLD HARMLESS AGREEMENT AND TUITION PAYMENT AGREEMENT:



I hereby accept all risks and responsibilities for the use of the premise, area, and/or facility including the use of the equipment. I further agree to indemnify and save harmless the staff of American Stars of Dance, Inc. including any corporate officers of liability claims, demands, actions, and causes of action that may arise out of the use of thereof. I further give my permission to be photographed and/or video taped during all classes, rehearsals and performances.

Tuition Policy: Tuition is due at the time of registration, checks made payable to *American Stars of Dance*

I HAVE READ AND UNDERSTAND THE TERMS OF THE ABOVE AGREEMENT

Signature: _____ Date: _____
 Partner signature: _____ Date: _____

PLEASE CIRCLE REQUESTED SESSION

- Session #1 6 weeks 9/16/08 - 10/21/08
- Session #2 6 weeks 10/28/08 - 12/9/08 (no class 11/25)
- Session #3 6 weeks 1/13/09 - 2/17/09
- Session #4 6 weeks 3/3/09 - 4/14/09 (no class 3/24)
- Session #5 6 weeks 4/21/09 - 5/26/09