Studio West Dance Center

Adult Class Registration Form

Three Ways to Enroll: *You will receive a confirmation by email or phone when registration is complete.*

1. Online – go to www.swdcfc.com to submit the online registration form. Print the confirmation page/payment form that comes up upon submission of the form. Payment must be received (via mail, fax or in studio) within 5 business days to complete registration and guarantee your space.
2. Mail or FAX – complete this form & FAX to 970.692.2214 with credit card payment OR mail along with payment to: SWDC, 216 W. Horsetooth Rd, Suite B, Ft Collins, CO 80525.
3. Register at the studio during office hours.

NOTE: Adult class costs (the semester tuition) are due at time of registration as well as an annual, non-refundable $35 enrollment fee. We prefer a minimum of four to six registered participants in order for class to be held, unless otherwise noted. However, for some classes, we may decide to run with fewer students in order to give the class a chance to get going. If we must cancel due to low registration, you will have the option of choosing another class or receiving a full refund.

Cancellation Policy: 50% refund with cancellations at least 5 business days prior to the class start date as long as the class still has the minimum required number of participants. No refunds for cancellations with less than 5 business days notice or if cancellation would drop the class under the minimum required participants. Once class has started, we require a 2 week notice of withdrawal and will only refund a pro-rated maximum of 50% of any tuition paid.

Please fill in the adult class(es) for which you would like to register:

_____ Class Day: _____ Class Time: _____

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REGISTRATION INFORMATION:

Name of Class Participant: _____

Address: _____

Phone Numbers: _____home_____wk_____cell

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone Numbers: _____home _____cell

METHOD OF PAYMENT DUE: Total Enrollment & Class Fees Due: $_____

☐ Check enclosed made payable to SWDC Credit Card: ☐ Visa ☐ M/C ☐ Discover

_____ _____ _____

CARD NUMBER EXP. DATE V-CODE

_____ _____

SIGNATURE OF CARDHOLDER PRINTED NAME OF CARDHOLDER

Thank You!