

ALOHA BALLROOM DANCE ACADEMY 501(c)(3) Non-Profit Organization

"To educate the public about Ballroom and Latin dancing through professionally instructed group classes and public performances."

(Please Print VERY Clearly)

REGISTRATION 2012

Name: _____ (Last) _____ (First)

Address: _____ (City) _____ (State) _____ (Zip Code)

E-Mail: _____ Telephone: (____) ____ - _____

*** DANCE CLASSES**

- \$160 - ANNUAL Registration (1 calendar year) - available thru March 31. Up to \$50 SAVINGS, comparable to 10 free nights, depending on date of purchase.
- \$30 – PRE-REGISTRATION Discount - 6 week series - available ONLINE ONLY until the day *prior* to Registration Night.
- \$35 – REGISTRATION – 6 week series
- \$10 – GUEST FEE – 1 evening of classes or event

Payment is for:

- Session 1: Feb1-Mar21 series
- Session 2: Mar28-May9 series
- Session 3: May16-July11 series
- Session 4: July18-Aug29 series
- Session 5: Sep5-Oct31 series
- Session 6: Nov7-Dec19 series
- 1 lesson (class or even) - Date: _____

*** DONATIONS - used to enhance the classes & events sponsored by the Academy's non-profit purpose.**

- "ALOHA FUND" TAX DEDUCTIBLE contribution: _____

<input type="checkbox"/> Check # _____
<input type="checkbox"/> Cash
<input type="checkbox"/> Credit Card (online only)
Confirmation # _____
Receipt # _____ (upon request)

Dance class payment	\$ _____ .00
"ALOHA FUND" CONTRIBUTION (Tax deductible)	\$ _____ .00
TOTAL	\$ _____ .00

Student Release of Liability (Aloha Ballroom Dance Academy & County of Maui)

→ **Personal Injury Release:** I (the "Student") hereby assume the risk for any injuries & any loss of property that I may sustain while attending these activities.

→ **Media Release:** I hereby agree to permit The Academy and/or it's appointed Producers to videotape, photograph, transmit and use in any other form any & all materials or programming in which I appear or can be heard or seen.

→ **Release & Registration Agreements are Binding:** I understand that there are **NO REFUNDS** and at its option, Aloha Ballroom Dance Academy reserves the right to terminate student privileges.

By my signature, I agree to the above Terms & Conditions.

Name (please PRINT): _____

Date: _____

Signature: _____

Witness: _____