

Hogan School



Of Irish Dance

FALL 2009 REGISTRATION FORM

Student Name: _____ Birthdate: _____ Level: _____

Guardian: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Emergency Contact: _____

Class Registration

Annual Registration Fee:

\$50 for 1st child, \$10 each additional child

List classes in which student(s) will be enrolled below:

Dates: Sept. 1st-Dec. 17th

1 class/week=	\$200
2 classes/week=	\$380
3 classes/week=	\$520
4 classes/week=	\$640
5 classes/week=	\$740
6 classes/week=	\$820
7 classes/week=	\$900

TOTAL AMOUNT DUE:

Payments are for the complete fall semester and are due by September 10th. A late fee of \$5/day will be applied to outstanding balances. If you have arranged with Allison to pay in installments over the semester, please include the attached, signed form. Please make checks payable to: Allison Hogan

PLEASE COMPLETELY READ THE WAIVER AND THE 2009 FALL HOGAN SCHOOL OF IRISH DANCE INFORMATION PACKET BEFORE SIGNING BELOW. SOME SCHOOL POLICIES MAY HAVE CHANGED.

WAIVER: I hereby, for my self/child/children, waive and forego any and all rights and claims I and/or my child/children may have against the Hogan School of Irish Dance or its representatives regarding any injuries sustained while attending any Hogan School of Irish Dance class, performance, or school activity. This waiver shall also apply to any Feiseanna sanctioned by the North American Feis Commission I and/or my child/children might attend.

I acknowledge there are NO REFUNDS OR CREDITS given for missed classes. I acknowledge there are NO REFUNDS OR CREDITS given if my child and/or I decide to discontinue classes for any reason or if I am asked to leave the school due to misconduct. I and/or my child may choose to select an alternate class to make up a particular missed class given prior notice to the Hogan School of Irish Dance. I further understand that all tuition including an annual fee per student is non refundable.

I have read the Spring 2009 Hogan School information packet and I agree to and will abide by the policies described therein.

Guardian or Adult Student Signature: _____ Date: _____

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