

**Please complete and return this form NO LATER THAN
Wednesday, February 1st with a \$40.00 per costume deposit.
Please complete 1 form for EACH STUDENT**

Students Name _____ **WILL or WILL NOT** Participate. (circle one)

By signing this participation contract, you agree and commit to your child's participation in our 2017 recital as well as paying all costume fees for all costumes ordered for your child.

List each class in which your child **is participating** including (class day, time and teacher ex.mon 3:30 Lori)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

Parent Signature _____ Date _____ Amount Paid \$ _____

As a reminder, please verify your child's costume size with their teachers and make costume deposit checks separate from tuition.

for office use only:

Deposit \$: _____ Payment form: CASH CHECK MC VISA AMEX Entered Date: _____
SD LEDGER