

Competition Student Profile

Please **PRINT** and complete all information. This form must be returned along with the Selection form no later than August 31, 2011.

Student Information

Last Name: _____ First Name: _____ DOB: _____

Street: _____ City: _____

State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parent(s) Contact Email: _____

Mother: _____ Father: _____

All information is required for office use.

Please check to allow us to share your contact information with other parents. _____

Payment Information

This is for competition rehearsals only. All technique classes must register via Premiere Dance of Hillsborough.

Payment Type (circle one): Monthly Semiannual

Payment Method (circle one): Master Card Visa Checking Savings

Credit Card Number: _____ Exp Date: _____

Bank Name: _____

Account #: _____ Routing #: _____

Parent Signature: _____ Date: _____

Monthly automatic withdraw from checking or savings account requires a voided check to be attached. Monthly billing information is required for all students participating in specialty groups. Solo, Duo/Trios are a separate billing.