

Student first name	Student last name
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Number of Showcase Classes: _____ x \$110.00 =
 \$_____ (Total)

Number of "Shared" Costume Showcase Classes _____
 X\$30 = \$_____ (Total)

(Explained in showcase letter. Please read before completing this section)

Enclosed is my showcase fee, payable by:

_____ Cash, /check _____ credit card _____ paid online _____ charge credit card on file

Checks payable to The Rock School West / \$25.00 fee for returned checks

\$25.00 late fee applied to forms submitted after due date.

Please Note: The office will adjust charges for "shared costumes" and classes that your dancer is not participating in after receipt of your showcase participation form.

Type of Card: _____ (Amex, Master Card, Visa, Discover)

Name as it appears on the card:

Card #: _____

Expiration Date: _____ CCV#: _____

Amount to be charged: _____

Cardholder Signature: _____ Date: _____

2017 Showcase Participation Form

Please complete the spreadsheet on the reverse side of this paper. Form must be completed and payment must be received for order to be placed. Placing "late" orders will add additional fees and may result in costume being unavailable, so please be sure to follow our due dates.

Statement of Responsibility

I hereby consent to my child's participation in The Rock School West end-of-year showcase and release The Rock School West from all claims relating to any accidents or injuries, which may occur in connection with participation in performances and rehearsals for performances.

I understand that tuition in addition to showcase fees must be paid in full in order for my child to receive their costume and participate in performances.

My child and I have read and understand the participation terms and conditions regarding my child's participation in The Rock School West 2017 Showcase and agree that we (parents and child) will adhere to those policies, and that my child will attend class regularly attend assigned dress rehearsals, unless expressly excused by the Director or if prevented from attending due to illness or injury.

Parent or Guardian's Signature _____

Date _____

Please check here to verify that you triple checked the schedules and understand the fees involved.

*I regret that my child will not participate in The Rock School West 2017 Showcase.

Parent or Guardian's Signature _____

Date _____

Please explain:
