



Payment Form

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Student's Name

Date

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Billing Name First

Middle Initial

Last Name

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Billing Address

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City

State

Zip

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Driver's License Number

Signature

Date

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CC number

cvv

exp. date

I \_\_\_\_\_ agree to pay \_\_\_\_\_ for dance tuition to  
Infinity Dance by the 1<sup>st</sup> of every month.

Please initial to acknowledge that you understand your payment  
obligations.

-There will be NO refund given for unused tuition. X \_\_\_\_\_

lop- If there is an injury, we can freeze your account with proof of a  
doctor's note for the length of time you are under a doctor's care.

X \_\_\_\_\_

- To drop a class, you must submit a 30 day written notice X \_\_\_\_\_

- If tuition is a month over due, membership will be terminated X \_\_\_\_\_