

Jalene's Spring Bellydance Classes at Ballard Health Center & Spa • Registration Form

Name _____

Address _____

City _____ State _____

Zip _____

Phone _____

Email _____

Sign me up for:

8-week HALF-&-HALF Class, Thursdays March 4 to April 22, 7-8pm

• \$80 before 2/11/10, \$92 after 2/11/10

• First-time Student Discount: \$60 before 2/11/10, \$93.75 after 2/11/10

8-week Choreography Class, Thursdays March 4 to April 22, 8-9pm

• \$80 before 2/11/10, \$92 after 2/11/10

• First-time Student Discount: \$60 before 2/11/10, \$93.75 after 2/11/10

YES, I would like to participate in a group performance of the choreography on April 25

NO, I do not wish to participate in the performance

Both Classes (remember to indicate above whether or not you want to participate in the performance)

• \$125 before 2/11/10, \$137 after 2/11/10

• First-time Student Discount: \$93.75 before 2/11/10, \$102.75 after 2/11/10

Total: \$ _____

Payment type: Check Enclosed Money Order Enclosed Prepaid via Paypal

Cancellation Policy: Sorry, but there are no refunds for missed classes. With the session rate, you are receiving a discount for your pledge to be in class. This in turn enables me to commit time and expense to hold the class. I do allow drop-ins, but you will pay a little more for each class.

Waiver: I (Print Name) _____ am of able body and sound mind, and understand that belly dancing is a strenuous physical activity. I take full responsibility for my own health and welfare as a participant in this class. I assume all risks and hazards incidental to my participation in this class, and do hereby waive, release, absolve, indemnify and hold harmless Jalene Hernández and Ballard Health Center for any claim arising out of any injury to myself (or others) or personal loss.

Signature _____ Date _____

Thank you for your advance registration. I look forward to our time in class together!

Send registration and payments to:

Jalene Hernández • 2126 A Dexter Ave. N. • Seattle, WA 98109