

# RUA...Member?

dublin **DANCE** centre  
& GYMNASTICS

## 12 Month Family Value Membership Packages 2018-2019

Choose the membership level best suited for your family! *Moms, Dads, Sisters and Brothers!*  
Enjoy **BIG** savings, an easy payment schedule and priority enrollment!

### The Family Value Membership Plan includes:

- Fall and Summer Classes\*
- Mini Show Costume & Tights
- 50% off Holiday & Summer Camps
- Priority Enrollment
- 50% off Birthday Parties
- 2 Free Student Tickets to Company Shows\*\*

\* Pre-Placement/Placement/Pre-Pro/Intensive/Novice Dance and Gymnastics Programs and Performing Companies are charged separately from this program. \*\*Tickets include Halloween, Nutcracker, March & April Company Performances.

#### 1 Class/Family

**\$64/month**

Yearly Tuition Savings: **\$24**

#### 2 Classes/Family

**\$116/month**

Yearly Tuition Savings: **\$156**

#### 3 Classes/Family

**\$161/month**

Yearly Tuition Savings: **\$336**

#### 4 Classes/Family

**\$204/month**

Yearly Tuition Savings: **\$504**

### **UNLIMITED MEMBER! 5 or more classes/Family**

**\$241/month** Yearly Tuition Savings: at least **\$708** (5 classes)

**I want to be a member! I understand the stated stipulations and agree to abide by them:** Families must be on auto-debit. **Package is based on 12 monthly payments: September 2018-August 2019. I understand Summer 2019 is included in this agreement.** Families may adjust their membership level down **within 30 days of program** enrollment; families may adjust up at any point during the 12 months of membership. **\*\*\* Discounts do not apply to early withdraw; Mini Show classes- the costume fee is a part of this package and is nonrefundable after Dec 1, 2018.** I agree and give DDC&G permission to charge my credit card after I withdraw from the studio for any charges owed for early termination of the FVM plan. Early withdraw fees will be no less than \$50 and no more than \$150 depending on the number of classes and length of enrollment. Please note: Early withdraw will result in a sabbatical from this program the following year.

Parent Initials \_\_\_\_\_ Date \_\_\_\_\_

www.dublindance.com 614-761-2882

**Signature must be on file by 10/1/18 or plan will be discontinued.**

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**My 12 Month Plan: \$64/month \$116/month \$161/month \$204/month \$241/month**

Parent Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office: Account # \_\_\_\_\_ Active Payment Plan updated \_\_\_\_\_ Active Signature updated \_\_\_\_\_

Staff: Parent has top copy, intls' \_\_\_\_\_ or date mailed \_\_\_\_\_