



COMPETITIVE PROGRAM AUTHORIZATION FORM

STUDENT NAME: _____

CARDHOLDER NAME (please print): _____

Note: If payments are to be split between 2 paying parents, each cardholder must fill out a form

_____ % / _____ Initial
(Initial and list % of student's fees that are to be processed on this cardholder's card)

Please review the list of fees below. All credit card numbers are kept in your online Studio Director account. The studio ensures a safe location for all credit card numbers and expects that the cardholder will notify us of any expiry date or card number adjustments/changes. Occasionally, the dates below are adjusted on your statements by 1-2 days based on when the processing takes place on our machines. Please contact the studio at any time with questions or to review fees. Receipts will be emailed to you.

Competitive Program Fees 2018/2019:

Processing Date	Item	Amount
Upon Reg'n	Competitive Choro Deposit (\$25/dance)	As Casted
July 1 st	Processing (\$40), Reg'n (\$40), Theatre (\$30), Ticket (\$40) Fees	\$150
July 1 st	Competitive Program Gear	As Ordered
July 15 th	Summer Intensive (Ballet \$240) (All Styles Novice \$340) (All Styles Jr, Inter, Sen \$499)	Camps/level
August 1 st	Level 3 administration Fee	\$200
August 1 st	NUVO Dance Convention Mandatory Level 2/3, optional Level 1	Approx. \$280
August 1 st	GSP Dance Convention Optional Level 1/2/3	Approx. \$200
See schedule	Travel Fees (applicable to those attending) see separate travel payment schedule	As Organized
October 19 th	Fall Costume Fees (Level 2/3)	As Ordered
November 16 th	Festival Entry Fees (Level 1/2/3)	As Casted
December 14 th	Fall Rehearsal Fees (Level 2/3)	As Casted
January 18 th	Winter Rehearsal Fees (Level 2/3)	As Casted
February 15 th	Winter Costumes Fees (Level 1/2/3 + REC costume Fees)	As Ordered
March 1 st	Ballet Exam Fee (Level 1: \$30) (Level 2/3 \$75)	\$30/\$75

Note: GST is charged on all fees

MONTHLY September 2018 – June 2019 (with GST)

\$ _____

I authorize Alive Danceworks Ltd. to process the Competitive Program fees listed above. I understand that fee details will be released with time for review before processing and that unless otherwise contacted (prior to processing date) for alternative payment, my on-file credit card will be charged for each fee listed.

Cardholder Signature: _____

Cardholder Phone Number: _____