

Family Value Membership

dublin **DANCE** centre
& GYMNASTICS

12 Month Discount Packages 2020-2021

Choose the membership level best suited for your family!

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 Dance and Gymnastics Programs and Performing Companies are charged separately from this program. **Tickets include Halloween, Nutcracker, March & April Company Performances.

1 Class/Family

\$70/month

Yearly Tuition Savings: **\$36**

2 Classes/Family

\$127/month

Yearly Tuition Savings: **\$228**

3 Classes/Family

\$182/month

Yearly Tuition Savings: **\$444**

4 Classes/Family

\$225/month

Yearly Tuition Savings: **\$804**

Unlimited Member! 5 or more classes/Family

\$266/month Yearly Tuition Savings: at least **\$1,188** (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 2020-August 2021. I understand Summer 2021 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, 2020.** 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 10/1/20 or plan will be discontinued.

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My 12 Month Plan: \$70/month \$127/month \$182/month \$225/month \$266/month

Parent Name _____ Phone Number _____

Signature _____ Date _____

Office: Account # _____ Active Payment Plan updated _____ Active Signature updated _____

Staff: Give parent top copy. Staff Intls' _____