

Family Value Membership

12 Month Discount Packages 2024-2025

Choose the membership level best suited for your family!

The Family Value Membership Plan includes:

- Priority Enrollment in Fall & Summer Classes
- \$50 off any Birthday Parties
- 25% off Holiday & Summer Camps
- Mini Show Costumes & Tights
- * 2 Free Student Tickets to our Company Shows

- Placement/PrePro/Intensive Ballet and Performing Companies are charged separately from this program.
- * Company Shows include Halloween, Nutcracker performance at UA, March & April Company Performances.

1 Class/Family \$83/month Yearly Saving: \$48	2 Classes/Family \$157/month Yearly Saving: \$204	3 Classes/Family \$223/month Yearly Saving: \$456	4 Classes/Family \$294/month Yearly Saving: \$648
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Unlimited Member! 5 or more Classes/Family
 \$335/month Yearly Savings: at least **\$1200** (5 classes)

Signature must be on file by 10/01/24 or plan will be discontinued

I want to be a member! I understand the stated stipulations and agree to abide by them. Please initial the following:

_____ I understand I must be on auto-debit. I may adjust my membership level down within 30 days of enrolling with no penalty

_____ I understand these packages are based on 12 monthly payments: August 2024- July 2025. You must remain enrolled in the same number of classes for the entire year, up until the end of summer 2025.

_____ I understand enrollment in summer classes of 2025 is part of and included in this agreement.

_____ I understand discounts will not apply to early withdraw. Mini show classes – costume fee is part of this package and is non-refundable after December 2024.

_____ I agree and give DDC&G permission to charge my credit card, if I should withdraw from the studio, for any outstanding charges owed for early termination.

_____ I understand early withdraw fees will be no less than \$100 and no more than \$200 depending on the number of classes and length of enrollment.

_____ I understand early withdraw will result in a sabbatical from this program the following year.

Print Parent Name _____ Phone Number _____

Signature _____ Date _____

Office Only: Activenet Payment Plan updated _____ Office Staff Initials _____