Summer 2024

CARY-GROVE PERFORMING ARTS CENTRE (CGPAC)
21 Jandus Rd, Cary, IL 60013 www.CGPAC.com (847) 639-3800 or scan and email to CGPAC1@gmail.com

This is a fillable PDF. Fill it out, save as PDF, and send to CGPAC1@gmail.com

Family Name: _____ _____
(Adult First) (Last) (Street Address)

_____ _____
(Preferred Phone Number) (City) (State) (Zip)

_____ _____
(Alternate Phone) (E-mail Address)

Payment Options: ☐ Pay in full ☐ Contact me to make a payment plan

____ **I have submitted the Liability Waiver** *(available on Dance-Studio Pro)* **This must be submitted in order to participate.**

Participant	Class Name	Week #	ID Code	Birthdate	Gender	Tuition Payment (amount due now)

Total Tuition due Upon Registration: $_____

Indicate payment type:

New Family? If yes, please add $25.00 registration fee: $_____

_____ Check to CGPAC ____ Cash

Less any account credits: <$_____>

_____ CGPAC Account Credit _____ Paid CC online

_____ Charge my credit card (information on next page)

Total Payment Enclosed Today: $_____

For Office Use: Classes Entered: _____ Tuition Schedule Entered:_____ Payment Rec'd:_____ Payment Entered: _____