

CARY-GROVE PERFORMING ARTS CENTRE (CGPAC)

21 Jandus Rd, Cary, IL 60013

www.CGPAC.com

(847) 639-3800

CGPAC1@gmail.com

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

Family Name: _____

(Adult First) (Last)

_____ (Street Address)

_____ (Preferred Phone Number)

_____ (City) (State) (Zip)

_____ (Alternate Phone)

_____ (Email Address)

Student Name: _____

(Student First) (Last)

_____ (Student Birthdate)

_____ (Student Gender)

Payment Options:

Pay in full

Contact me to make a payment plan

I have submitted the Liability Waiver (available in your Dance Studio Pro account). This must be submitted in order to participate.

Class Name	Week #	ID Code	Tuition Payment

Indicate payment type:

Check to CGPAC

CGPAC Account Credit

Cash

Paid CC online

Charge my credit card *(using CC info on DSP)*

Total Tuition due Upon Registration: \$ _____

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

Less any account credits: _____

Total Payment Enclosed Today: \$ _____