



Armetta's Grand Jeté Studio of Dance
17 E. Main Street, Macungie, 610-393-5225
www.GrandJeteDance.com

Field Trip

Today's Date: _____

1. Contact Person: _____
2. Contact Address: _____
3. Phone Number: _____
4. Date of Visit: _____ Day: _____ Time: _____
5. How many guest expected: _____
6. Ages of children attending: _____

X _____ Contact Signature

**Special Notes _____

The Following is for teachers use only:	Visit Total Guest Count # _____ (\$5.00/Child)
**\$25.00 Deposit Required	Date Deposit Taken _____ Visa, Mastercard, Check, Cash
# _____ of guest charged x \$5.00	Date Payment Taken _____ Visa, Mastercard, Check, Cash
Grand Total Owed by Customer \$ _____	
Card # _____ Exp ___/___/_____	
Name on Card _____	
X _____	

Contacted prior to visit on: _____
Instructor Assigned to visit: _____
Helper: _____



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Policies I agree to Adhere to:

My signature below signifies my agreement to these rules:

- A \$25.00 deposit is required to hold date and time slot open for field trip.
- If more than 24 hours notice is given, deposit can be refunded. My Balance due must be paid in full by customer that day.
- Children should wear clothes appropriate for working out. Bare feet or dance shoes **ARE REQUIRED.**
- Spectators are welcome to watch from our waiting room through closed circuit tv.
- I understand there may be another activity at the studio during the same time as mine.
- Certificate of insurance is required** on file at Armetta's Grand Jeté Studio of Dance **before** the field trip.

Contact Signature X _____ Date _____