JRDS MEMBERSHIP INFO FORM & CLASS LIST

	DAY	TIME	COST PER CI	
MEDIC	CAL INFO:			
EMERO	SNCY CONTACT NAI	ME AND PHONE NU	JMBER:	
MEMBE	RSHIP NUMBER:			
EMAIL	ADDRESS:			
PHONE	E:(HC	DME)	(CELL)	
PAREN	T/GARDIAN:			
ADDRE	SS:			
	OF BIRTH:			
NAME:				

CLASS	DAY	TIME	COST PER CLASS

PAYMENT CALENDER

MEMBER	/FAMILY	NAME:		

PAYMENT TYPE	AMOUNT DUE	DATE PAID
MEMBERSHIP		
COSTUME(S)		
RECITAL FEE		
SEPTEMBER		
OCTOBER		
NOVEMBER		
DECEMBER		
JANUARY		
FEBRUARY		
MARCH		
APRIL		
MAY		
FOR COMPANY		
MEMBERS		
HALLOWEEN ESCROW		
BALANCE HALLOWEEN		
CHRISTMAS ESCROW		
BALANCE CHRISTMAS		