

Group Membership Form



By signing this contract I am agreeing to purchase _____ from Social Graces, for the rate of \$_____ per month, starting in _____. This membership will include _____.

I also understand that by attending a class with Social Graces I am responsible for the membership fee of the entire session in which the group class was taken, unless I'm paying for just a drop in class. And I can cancel my membership by simply not attending classes.

If I do not pay before the first of any given session in which a ballroom group class was taken, I can continue taking classes but I will be billed for the class. I can cancel membership any time, but I will not get a refund on any session in which I have taken classes. (As with any exercise program, consult a physician and use common sense when learning and practicing your new skills. Social Graces will not be held responsible for injuries sustained at studio events.)

Signed

Date

Printed Name

If under 18, person responsible for payment.

Did a friend tell you about the studio? If so, who? _____

Please send bills or any newsletters to:

Address: _____

City _____ State _____

Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

E-mail Address _____

*"To live a creative
life, we must lose our
fear of being wrong."
-Joseph Chilton Pearce*

Make checks payable to **Social Graces**

www.berryvilleballroom.com