
Last Name

First Name

Mailing Address



CARLSON'S SCHOOL OF DANCE

3272 Sherman Road, Duncan, BC V9L 4B4
Tel: (250) 746-6456 Fax: (250) 746-6475

Received From _____
Parent's Name (Please Print)

For Dance Classes from ____/____/____ to ____/____/____.
Mo Day Year Mo Day Year

For _____ Birthdate ____/____/____
Child's Name Mo Day Year

Office Use Only

GST #89691 5618

Total Amount Received: _____

Date Received: _____

Amount that is eligible for the Children's Fitness Tax Credit: _____

Authorized Signature for Carlson's School of Dance