

Arts Cure Center

# DietFitness™ Program

## Course Application Form

Applicant's Name :

Address:

TEL #:

E-mail:

Age (necessary for calculation of your appropriate caloric intake) :

Please write below

Current Situation	Height:	Weight	Labor Level:
Your Target Weight		Lbs. or	Kg
Length Of Time You Desire To Diet			Months

Desired Class Dates (put  in the brackets)

Desired starting month: /2011

( ) Weekdays

( ) Weekends

Tuition payment method: (put  in the bracket next to your preference)

Tuition for the starter course must be prepaid. We do not refund your tuition nor extend the course term. However, it is possible for you to choose alternative class dates and finish your course.

( ) Cash (must be presented with this form.)

( ) Personal check (Only major bank checks are accepted. Check must be submitted with this application form prior to the course.)

Please make your check payable to Dance Project SEQUENCE, Inc.

( ) Credit Card

Card number:

Expiration: \_\_\_\_\_ Card verification number: \_\_\_\_\_

Signature of the card holder: \_\_\_\_\_

I understand that Dance Project SEQUENCE, Inc., Arts Cure Center and the instructor will not be responsible in case of any injury, damage or loss of personal properties during the course, and during application for the course. I will also respect the copyright of the course method and will use the method and training materials strictly for personal use excluding any commercial purpose.

Applicant's Signature: \_\_\_\_\_

Send this application form to the address below to reach AT LEAST ONE WEEK PRIOR TO THE COURSE STARTING DATE.

Dance Project SEQUENCE, Inc., 321 E. 79<sup>th</sup> St., #4C, New York, NY 10075