Surname ………………………..……….……Name …………………Date of birth ……………

Street……………………………………………………………………… Berlin …………………………

Telephone No ……………………… Mobile No ……………………… E Mail .……………………

Name of legal guardian………………………………………………………………………

Hereby I register my son/daughter for the following lesson:

Ballet Hip Hop Breakdance

First child Second child

Day/time of lesson: ……………………………… ……………………………….

☐ 1 x per week (30Min) ………30€ per month……… …...……….27€………....…..

☐ 1 x per week (45 Min) ………42€ per month……… …...……….38€………....…..

☐ 1 x week (60 Min) ………**45€** per month……….. …………40€………………

☐ 2 x week ………..80€ per month……… ………….72€…………..

The monthly payment is: ………………………………….

☐ The monthly payment is to be sent to the following details by the 5th of the ongoing month:

Kim Thompson IBAN: DE45100701240300126000 BIC: DEUTDEDB101 Deutsche Bank

☐ I have seen and read the conditions of this contract and hereby agree to them.

Signature of the legal guardian: ………………………………… Date ………………………

tanz-zehlendorf …………………………………………… Kim Lonsdale L.R.A.D. (Principal)

Kim Lonsdale – Dancer and certified dance teacher of the Royal Academy of Dance

Office ONLY: Teltower Damm 43, 14167 Berlin – ((030) 81 49 09 89

[tanz-zehlendorf@hotmail.com](mailto:tanz-zehlendor@hotmail.com) <http://www.tanz-zehlendorf.com>

**tanz-zehlendorf**

**Unterrichtsvertrag**