

**THE MOVE STUDIO**  
MEMBERSHIP CONTRACT

Initiated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**STUDENT NAME & ADDRESS:**

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LAST NAME FIRST NAME MI

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ADDRESS CITY STATE ZIP

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PHONE EMAIL ADDRESS

**For Office Use Only**

Held Date 1:  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Re-initiated:  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Held Date 2:  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Re-initiated:  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Cancel Date:  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PROGRAM OPTIONS & PAYMENT:**

- Monthly Once per Week \$42 per month (tax included)
- Monthly Unlimited \$58 per month (tax included)
- 6 Month Membership \$252 or \$348 (2 weeks free)
- 12 Month Membership \$504 or \$696 (6 weeks free)

I, \_\_\_\_\_, agree to make payment in the amount indicated above by the 1st of the month. I agree to leave a credit card on file to ensure my membership. If I am paying by cash or check and my monthly payment is not made by the 1<sup>st</sup>, TMS will automatically charge my card on the 1<sup>st</sup> of that month. Cash and check payments, payable to THE MOVE STUDIO, can be given to your instructor or mailed to 210 W. Sunshine, Suite B, Springfield, MO 65807.

Please indicate preferred payment:

VISA  MC  DISCOVER  AM EX  VISA/MC DEBIT CARD  CASH/CHECK

Account #: \_\_\_\_\_ Card Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Is the billing address the same as above?  Y  N CVV Code: \_\_\_\_\_

If no, billing address is: \_\_\_\_\_

I understand that I am in full control of my payment and may pay for one or more months at a time. If at any time I decide to discontinue this form of payment or program, I agree to advise THE MOVE STUDIO in writing by the 20<sup>th</sup> of the month in order not to be charged for the next billing cycle.

Furthermore, I understand that my instructors teach the classes whether I am there to take them or not. Consequently, I am **not entitled to any make-up classes** in the event I do not make it to class. If I know in advance that I will need to miss classes for medical or travel, I can simply advise THE MOVE STUDIO in writing and my contract will be placed on hold until I choose to return. I also understand that I have the option to pay the drop-in fee of \$13 per class if I decide to come to class while my contract is on hold.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Team Member: \_\_\_\_\_ Date: \_\_\_\_\_