



DANCING SCHOOLS

2018 Dancing School Statement

Account Number: _____ Premise Name: _____

Report Due With Payment: ____ / ____ / ____

AVERAGE NUMBER OF STUDENTS PER WEEK****

| TYPE OF DANCE INSTRUCTION | NOT MORE THAN 75 | NOT MORE THAN 150 | NOT MORE THAN 300 | 301 AND OVER |
|---------------------------|------------------|-------------------|-------------------|--------------|
| BALLROOM* | \$139.81 | \$279.60 | \$419.41 | \$559.19 |
| COMBINATION** | \$104.84 | \$209.69 | \$314.56 | \$419.41 |
| BALLET*** | \$ 69.91 | \$139.81 | \$209.69 | \$279.60 |

* Includes licensees teaching **any** ballroom, social, or round dancing, including any currently popular dance.

** Includes licensees teaching jazz, classical, ballet, tap, modern ballet, acrobatic, gymnastic, square, folk, ethnic, baton, aerobics, yoga, zumba, pilates, hip-hop, fitness, exercise and workout classes".

*** Includes licensees teaching ballet **only**.

**** Students taking up to 5 hours of instruction per week shall be counted as 1 student per week; students taking 5 or more hours of instruction per week shall be counted as 2 students per week.

NAME OF ANY RECOGNIZED DANCE ASSOCIATION TO WHICH YOU BELONG: _____

TYPE OF DANCING INSTRUCTION (SELECT ONE):

- Ballroom** Includes licensees teaching **any** ballroom, social, or round dancing, including any currently popular dance.
- Combination** Includes licensees teaching jazz, classical, ballet, tap, modern ballet, acrobatic, gymnastic, square, folk, ethnic, baton, aerobics, yoga, zumba, pilates, hip-hop, fitness, exercise and workout classes".
- Ballet** Includes licensees teaching ballet **only**.

AVERAGE NUMBER OF STUDENTS PER WEEK (PLEASE CHECK ONE):

(Note: Students taking less than five hours of instruction per week shall be counted as one student per week; students taking five or more hours of instruction per week shall be counted as two students per week.)

- Not more than 75**
- Not more than 150**
- Not more than 300**
- 301 and over**

2018 Licensing Fee: \$ _____

Contact Person & Title _____

Phone Number: _____ - _____ - _____ Ext: _____ Fax Number: _____ - _____ - _____

Email: _____ Website: _____

I certify the above information is true and correct.

Dated: ____ / ____ / _____

Signature: _____

ASCAP Toll Free: 1-800-505-4052 Fax: 615-691-7795

Epayment Websites: <http://www.ascap.com/mylicense> or <http://www.ascap.com>