DANCING SCHOOLS
2019 Dancing School Statement

Account Number: ______________________ Premise Name: ________________________________

Report Due With Payment: _____ / _____ / ______

<table>
<thead>
<tr>
<th>TYPE OF DANCE INSTRUCTION</th>
<th>NOT MORE THAN 75</th>
<th>NOT MORE THAN 150</th>
<th>NOT MORE THAN 300</th>
<th>301 AND OVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLROOM*</td>
<td>$143.34</td>
<td>$286.65</td>
<td>$429.99</td>
<td>$573.30</td>
</tr>
<tr>
<td>COMBINATION**</td>
<td>$107.49</td>
<td>$214.98</td>
<td>$322.50</td>
<td>$429.99</td>
</tr>
<tr>
<td>BALLET***</td>
<td>$71.67</td>
<td>$143.34</td>
<td>$214.98</td>
<td>$286.65</td>
</tr>
</tbody>
</table>

* 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, and hip-hop.
*** 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, and hip-hop.

☐ 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

2019 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