DANCING SCHOOLS
2021 Dancing School Statement

Account Number: __________________________  Premise Name: ________________________________

Report Due With Payment: _____ / _____ / ______

**AVERAGE NUMBER OF STUDENTS PER WEEK****

<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>$147.59</td>
<td>$295.15</td>
<td>$442.74</td>
<td>$590.31</td>
</tr>
<tr>
<td>COMBINATION**</td>
<td>$110.68</td>
<td>$221.36</td>
<td>$332.06</td>
<td>$442.74</td>
</tr>
<tr>
<td>BALLET***</td>
<td>$ 73.80</td>
<td>$147.59</td>
<td>$221.36</td>
<td>$295.15</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 ballroom 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 Indicates licensees teaching jazz, classical, ballet, tap, modern ballet, acrobatic, gymnastic, square, folk, ethnic, baton, and hip-hop.

☐ Ballet      Indicates licensees teaching ballroom 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

2021 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

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