

Ballet Arts ♦ REGISTRATION

REGISTER by mail or at the studio Tues. Sept 8 @ 3:00pm-7:00pm

NAME	AGE	BIRTHDATE	HEALTH/ALLERGY CONCERNS

Address: _____
Street City Zip

Parent(s) Name: _____ (for child registrations)

Phone Number: _____ Other phone number: _____

Emergency Contact: _____
Name Phone Number

Adult e-mail address: _____

Former Training: _____ How were you referred to us? _____

Ballet Arts will not be held responsible for injury incurred on its property. I understand that participation in dance classes carries with it a reasonable assumption of risk.

Signature

DANCER'S NAME	CLASS	DAY/TIME	TUITION
Annual registration fee per family			\$10.00
Total			

OFFICE USE ONLY Date: _____ Payment: CA CK Amt/#: _____