

## Ballet Arts ♦ REGISTRATION

**REGISTER** by mail or at the studio Tues. Sept 7 @ 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? \_\_\_\_\_



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

<b>OFFICE USE ONLY</b> Date: _____ Payment: CA CK Amt/#: _____
--