REGISTER by mail or at the studio Tues. Sept 4 @ 3:00pm-7:00pm 345-3433

Ballet Arts ♦ REGISTRATION

Date:_____

Full Name	Birthdate	Age	Class/Day/Time	Tuition
			Annual Registration fee per family	$5.00
			Total	$

Phone Number: _____

Other phone number: _____

Address: _____
Street

_____
City *Zip*

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

Emergency Contact: _____

_____

Adult e-mail address: _____

Health Problems: _____

Former Training: _____

How were you referred to us?

_____