

Summer Dance Registration Form 2011 (one per dancer)

Student Name: _____

Birthday: _____

Parent Name: _____

Home Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Medical Conditions/Allergies: _____

I have read and agree to comply with City Ballet Policies:

_____ Date _____ (Parent)

_____ Date _____ (Student)

Camp Title

Date

Cost

1. _____

2. _____

3. _____

4. _____

Continuing Classes

1. _____ 2. _____

3. _____ 4. _____

_____ Dance Cards x \$85= _____

How did you hear about our Summer Program?

- | | |
|--|--|
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Carolina Parent |
| <input type="checkbox"/> News and Observer | <input type="checkbox"/> Library |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Current Student |

Office Use Only:

Deposit \$ _____ Ck # _____ Date Received _____

Balance \$ _____ Ck # _____ Date Received _____

Confirmation _____