

REGISTRATION: ZAMUEL BALLET SCHOOL

Student _____

Parents _____

Address _____

Phone(_____) _____

E-mail _____

Age _____ Date of Birth _____

Male, Female, Pointe

Dance History (schools and years studied): _____

I am registering for:

Ballet One _____ Ballet Two _____ Ballet Three _____ Ballet Four _____

Intermediate _____ Advanced _____ Adult _____

I am enclosing

\$ _____ registration's fee

\$ _____ tuition's fee

Date _____

Signature _____

I understand that the Zamuel Ballet School is not responsible for accidents or injury that may occur on Zamuel Ballet School premises, or during organized rehearsals or performances at theaters or other locations. I also understand that photos may be taken of students during Zamuel Ballet School events. I give permission for the above student's likeness to be used in Zamuel Ballet School materials.

Please print this page

Check payable to:

Zamuel Ballet School