



2016-2017 REGISTRATION: ZAMUEL BALLET SCHOOL

Student _____ Parents _____

Address _____

Home Phone _____ Cell phone _____

E-mail _____

Age _____ Date of Birth _____

Male Female Pointe

Dance History (schools and years studied): _____

I am registering for (circle one):

Program One Program Two Program Three Program Four Intermediate Advanced Pre-Professional Adult

I am enclosing: \$ _____ registration fee; \$ _____ tuition fee

Optional Monthly Automatic Payment:

Type of Card _____ Billing Zip Code _____

Card Number _____

Expiration Date _____ CCV _____

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 and video 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.

Parents and students are NOT authorized to share or publish images or video of other students.

Check payable to: Zamuel Ballet School. We also accept major credit cards.

Please print this form and bring it with you

Date _____ Signature _____