

REGISTRATION
Zamuel Ballet School Summer Intensive Workshop 2017



Student Name _____

Parents' Names _____

Address _____

Phone(_____) _____

E-mail _____

Age _____ **Date of Birth** _____

Male _____ **Female** _____ **Pointe** _____

Dance History (schools and years studied): _____

I am registering for:

Pre-ballet _____ **Beginning** _____

Intermediate _____ **Advanced** _____

Adult _____

I am enclosing \$ deposit _____

I am enclosing \$ tuition balance _____

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.

Check payable to: **Zamuel Ballet School**

We also accept major credit cards

Please print this page

Payment and this form may be sent or brought to ZBS, 5915 N Academy Blvd, Colorado Springs, CO 80918 or sent by email to dance@zamueltballt.com