

REGISTRATION
Zamuel Ballet School Summer Intensive Workshop 2020



REGISTRATION

Student Name _____

Parents' Names _____

Address _____

Phone _____

E-mail _____

Age _____ Date of Birth _____

Circle: Male Female Pointe

Dance History (schools and years studied) _____

I am registering for

Circle: Pre-Ballet Beginning Intermediate Advanced Adult

Number of weeks (One to Five) _____

I am enclosing \$ _____ deposit

I am enclosing \$ _____ tuition balance

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.

Signature _____

Please return this form to ZBS. Check payable to Zamuel Ballet School. We also accept major credit cards.