## Summer 2018 Registration Form

				1 1		
NAME OF STUDENT		STU	DENT AGE	BIRTH DATE		
ADDRESS			HOME PHONE	PARENT CELL PH	ONE	
CITY	STATE	ZIP				
MOTHER/GUARDIAN: MS/N	MRS/DR			EN (DI OVER		
FATHER/GUARDIAN: MR/DR				EMPLOYER ————————————————————————————————————		
				EMPLOYER		
PARENT/GUARDIAN EMAII	L ADDRESS(ES):	(MOST C	ORRESPONDENCE WILL BE S	ENT VIA EMAIL)		
STUDENT EMAIL ADDRESS	(IF APPLICABLE):					
STUDENT'S SCHOOL:			GRADE 2018/2019:		_	
STUDENT'S PREVIOUS DAN	ICE EXDEDIENCE (	DIFASE SDE	CIEV SCHOOLS I ENGTH (	DE TRAINING)		
STUDENT SPREVIOUS DAN	NCE EXPERIENCE (	PLEASE SPEC	LIFT SCHOOLS, LENGTH C	or training)		
<b>REGISTERING FOR:</b> (If registering for a Ballet Bund	lle, please note which	h Level; no sub	ostitutions allowed on class b	undles at discounted tuition	.)	
PROGRAM:			DATES:/TIM	IE	TUITION:	_
PROGRAM:			DATES:/TIM	[E	TUITION:	
PROGRAM:			DATES:/TIM	IE	TUITION:	_
				Т	OTAL TUITION:	_
MULTI-WEEK CAMP D (10% discount on lower-		er 1st week,	when registering prior	to March 1)	(-)	_
				ו	TOTAL DUE:	_
Place in class is reserved payment plans and limite					18. Tuition is not refunda	ble.
☐ Check enclosed payabl	le to MBT in the	amount of:	\$ (\$25 ret	curned check fee)		
□ Please charge my credi Card Number:	it card the follow	ing amount	: \$ Exp Date: _	/ Sec Cod	e:	
and participant and parent assume	all risks and liabilities less occurs. I give pern	associated there	with. Parents authorize MBT to	administer first aid if necessary	d other forms of dance are physical , and parents will be informed as pro press releases, video productions and	omptly
			Printed Name Parent o		// Date	
Signature of Parent of	r Guardian		Printed Name Parent of	r Guardian	L)ate	