

BALLET ETC.
 869 ROBINWOOD COURT
 TRAVERSE CITY, MI 49686
 (231) 929-2787

Registration Form

Registration Date:
 Account No.

Billing Name

Address

City State Zip/Postal

Hm Phone SSN Private

E-Mail

Parent 1 Hm. Phone

Employer Wk. Phone

Cell Pager

Parent 2 Hm. Phone

Employer Wk. Phone

Cell Pager

Emergency Contacts Phone

Phone

Phone

Phone

Student Name

Address

City State Zip/Postal

E-Mail SSN

Birthdate Sex School Grade

Medical Info:

Dr. Name Phone

Classes

Name	Level	Room	Day	Time	Tuition
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Registration Fee: Total Tuition:

"I understand that dance training has a small degree of risk of harm or injury, therefore, I agree to hold Ballet Etc. its instructors and other representatives harmless from any injury I/my child may incur during my/my child's training."

Parent Signature: _____ Date: _____