

THE GWINNETT BALLET THEATRE
2204 Fountain Square Snellville, Ga. 30078
770-978-0188

REGISTRATION FORM
2008-2009

Date _____

PLEASE PRINT CLEARLY

Dancer's Name _____ Age _____ Date of Birth _____

Parent/Guardian Names _____

Parent/Guardian Occupations _____

Home Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Wk Phone _____

Email Address _____

*Please Print Clearly

In Case of Emergency Contact _____

Name

Relationship to Student

Emergency Phone Number(s) _____

Allergies and Health Concerns _____

Academic School Attending _____ Grade _____ Release Time _____

- Returning Student
- New Student – please fill out below

Years of Ballet Training and Where _____

How did you hear about us _____

- I have read and agree to the Payment and School Policies of Gwinnett Ballet Theatre**
- Gwinnett Ballet Theatre has permission to use my child's name and photographic likeness in all forms and Media for advertising, trade, and any other lawful purpose and perpetuity.**

Signed _____ Date _____

Ballet class Level: _____

Additional classes - Level/day/time

Day/Time: _____

Tap _____

Jazz _____

Hip Hop _____

FOR OFFICE USE ONLY

Registration Fee \$ _____

Payment \$ _____

Tuition \$ _____

Type _____

Entered