

**Gwinnett Ballet Theatre
Registration Form
2011 - 2012**

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; we use email to distribute school/class information**

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:** \$ _____
- Monthly Tuition:** \$ _____
- _____ \$ _____
- Total due: \$ _____

Payment: \$ _____
Type: Check Cash Credit Card
Re #: _____

Entered _____ Email _____