

Registration 2018-2019

Student's Name _____ DOB _____

Parent's Name _____

Address _____

Town _____ State _____ Zip _____

Telephone _____

E-mail _____

Number of classes weekly _____

Day of week and hour _____

Parent's Signature _____

I would like to add tax deductible contribution of \$_____ to the School of Classical Ballet scholarship fund, which goes to benefit need-based scholarships. Please include this donation in your initial payment.

1st payment _____ 2nd payment _____ 3rd payment _____

PAYMENT:

Check enclosed (payable to: School of Classical Ballet).

I would like to charge my:

Visa MasterCard American Express Discover

Name on Card _____

Card Number _____ Exp. Date _____

Signed _____ Date _____