

CUBALLET USA

Internacional Summer Intensive

Registration

Levels:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Information:

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_ Age: \_\_\_T-Shirt Size: \_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a US Citizen? \_\_\_\_\_\_

Parent (Guardian) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent City, State, and Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name and Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phones: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_

Allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physical Conditions? \_\_\_\_\_ How did you find out about this program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

-Please write down your check to Ballet Art Dance Company for your full amount and send it back to our mail address:

924 N. Dixie Highway, Lake Worth FL 33460.

Ballet Arts Dance Company: www.balletartscompany.org

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561-577-5355 info@balletartscompany.org