

Massachusetts Academy of Ballet
Registration Form

Name: _____

Date of Birth: _____

Program for which you are registering: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Email: _____

Guardians' Names: _____

Emergency Contact: _____

Previous Training: _____

How referred to the Academy: _____

If you are registering a student for the summer intensive, please check the weeks they will attend:

Week 1: _____

Week 2: _____

Week 3: _____

Please enclose a \$50 non-refundable registration fee with your form. This fee will be deducted from the tuition. Make check payable to "Massachusetts Academy of Ballet" and return to: Massachusetts Academy of Ballet, 4 Open Square Way, Studio 403, Holyoke, MA 01040

Tuition is due on or before the first of the program for which you are registering.