



2018-2019 REGISTRATION FORM

NAME _____

DATE OF BIRTH _____

PROGRAM FOR WHICH YOU ARE REGISTERING** _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

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 HE/SHE WILL ATTEND:

WEEK 1: _____

WEEK 2: _____

WEEK 3: _____

WEEK 4: _____

Please enclose a \$50 non-refundable registration fee with your form. This fee will be deducted from 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 day of the program for which you are registering.