

THE MOUNTAIN VIEW BALLET COMPANY & SCHOOL  
**WESTERN BALLET**  
ALEXI ZUBIRIA ARTISTIC DIRECTOR

**Youth Program Registration Form 2011-2012**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parents' or Guardians' Names: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Cell Phone or Other: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's General Health: \_\_\_\_\_

Student's Special Needs: \_\_\_\_\_

How did you hear about Western Ballet? \_\_\_\_\_

<i>Check One</i>	<i>Amount Due</i>	<i>Form of Payment</i>
Plan 1 _____	Registration Fee _____	Check# _____
Plan 2 _____	Discount? _____	Visa or MasterCard# _____
Plan 3 _____	Tuition _____	Exp. Date _____
Plan 4 _____	Total Due _____	Signature: _____

**For Office Use Only**

Trial Class Day and Time \_\_\_\_\_

Notes:

Class Placement \_\_\_\_\_

Instructor \_\_\_\_\_

Pro-Rate (Yes or No) \_\_\_\_\_

Days Attended \_\_\_\_\_