

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

Youth Program Registration Form 2010-2011

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: _____
Monthly _____		

For Office Use Only

Trial Class Day and Time _____

Notes:

Class Placement _____

Instructor _____

Pro-Rate (Yes or No) _____

Days Attended _____

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