

BALLETNOVA FALL 2016 ENROLLMENT FORM

Student Information *(Please print clearly and use additional forms as necessary)* **New households, please check box:**

_____	F/M	___/___/___	_____	_____
First Name MI Last Name	Gender	Date of Birth	Age	School or Company

_____	F/M	___/___/___	_____	_____
First Name MI Last Name	Gender	Date of Birth	Age	School or Company

Home Address: Street _____ City _____ State _____ Zip _____

Phone _____ **Primary E-mail** (most of our communication is through email) _____
Your contact information will be used only by BalletNova Center for Dance and the Company will not share its mailing list with other organizations.

Primary Contact 1:	Primary Contact 2:
_____	_____
First Name Last Name	First Name Last Name

_____	_____
Job Title Company	Job Title Company

_____	_____
Work Phone Cell Phone	Work Phone Cell Phone

CLASS REGISTRATION

Student Name	Class / Level	Day / Time	Class Number	Tuition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SUB TOTAL _____

Registration Fee \$25 (waived if re-enrolled on or before August 31- or new student): _____
 Multiple Class Discount \$20/class (for children or adult classes, 2 or more if registered on or before August 31): _____
 (Discount already included for Junior through Conservatory Division): _____
 I want to be a Partner and make a tax-deductible donation to BalletNova Center for Dance: _____
 Any additional fees or discounts applied: _____
TOTAL: _____
 Amount Paid Now: _____

Does your child have special needs of which we should apprise the teacher? Yes No
 If yes, please describe: _____

NEW STUDENTS: How did you find out about our studio? web drive-by a performance Referral by: _____
 other: _____

This signed registration is verification and confirmation of the parent's/student's agreement to BalletNova Center for Dance policies as outlined and that they understand there are risks inherent in any physical activity and will not hold BalletNova Center for Dance liable in the event of injury or otherwise.

Signature of Adult Student or Parent/Guardian of Minor Student **Date**

Payment:
 Amount enclosed: \$ _____

Check –payable to *BALLETNOVA*
 IN FULL **Installments** (additional paperwork required)
 Credit Card (circle): MasterCard VISA

NOTE: Tuition is not refundable unless the Center cancels a class or a workshop. A charge of \$25 will be made for returned checks/withdrawals and declined credit cards.
Mail check and completed form to: P.O. Box 5587, Arlington, VA 22205
 or (secure) **fax with credit card info** to: 703-778-3016

Number: _____ Exp.Date: / / CSV: _____ Signature: _____

