

BALLETNOVA WINTER SPRING 2018 ENROLLMENT FORM

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

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

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

*Home Address: Street *City *State *Zip

*Phone *Primary E-mail
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 February 5- or new student):
Multiple Class Discount \$20/class (for children or adult classes, 2 or more if registered on or before February 12):
(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.

X

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 Discover AMEX

Number: _____ Exp.Date: _____ CVV _____

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

Signature: _____