



Summer Workshop Registration Form

(Please Print Clearly)

Student's Name: _____

Age: _____ Date of Birth: _____ / _____ / _____
Month Day Year

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Phone #: 1. _____ 2. _____

Email Address: 1. _____ 2. _____

I wish to register for:

Junior Program, Level _____ Senior Program, Level _____

Payment Options: **No Refunds**

CASH ___ CHECK# ___ VISA ___ MC ___ DISCOVER ___ AMEX ___

Credit Card# _____ Exp. Date _____ Sec. Code _____

Name on card. _____ Billing Zip Code _____

Cardholder's Signature _____

Amount Enclosed _____

Balance Due _____

Received by: _____

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