

Adult Summer Workshop Registration Form

June 9 - June 20, 2025

Student Name: _____ D.O.B _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____

Phone: _____

Email: _____

I wish to register for:

Monday, Wednesday, Friday,

Intermediate/Advanced Ballet: Week One ___ Week Two ___ Both ___
Ballet Variations: Week One ___ Week Two ___ Both ___

Tuesday, Thursday,

Beginner Ballet: Week One ___ Week Two ___ Both ___
Adult Jazz: Week One ___ Week Two ___ Both ___

All Classes Week One ___ Week Two ___ Both ___

Payment Options:

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

Received _____

Date _____