



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:

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: _____

www.ballettucson.org/school

Phone: 520.623.3373 Email: school@ballettucson.org