

ASB Registration and Release:

2009-2010

Please mark all that apply

Fall

Spring

Summer Dance

Arc School of Ballet (ASB) **Class Level:** _____

Please indicate *any* information you would like to be *omitted* from the printed school roster.

Student Information

Birthdate m/d/yr: _____ Age: _____ Gender: M/F
Last Name: _____ First Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Phone: _____ Email: _____
Academic School: _____ Grade: _____

Any medical, learning, or other special circumstances ASB should be considerate of?
Please explain:

Guardian(s) Information

Last & First Name: _____ Relationship: _____
Last & First Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Hm Phone: _____ Cell Phone: _____ Wk Phone: _____
Employer: _____ Email: _____
Spouse Employer: _____ Email: _____

Secondary Guardian(s) Information (if applicable)

Last & First Name: _____ Relationship: _____
Last & First Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Hm Phone: _____ Cell Phone: _____ Wk Phone: _____
Employer: _____ Email: _____
Spouse Employer: _____ Email: _____

Payment Information

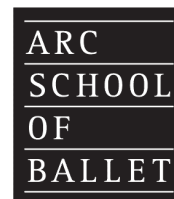
Adult responsible for payment: _____

Arc School of Ballet accepts Visa/MC credit card payments in person at the office only.

Please make payments to Arc School of Ballet.

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Marie Chong, Director