ASB Registration and Release: 2010-2011

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

Please print clearly

Birthdate m/d/yr: / / Age: Gender: M/F

Last Name: First Name:

Address: City: State: Zip:

Contact Phone: Email:

Previous Dance experience:

Academic School: Grade:

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

Guardian(s) Information

Please print clearly

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: (***More Over*** → → →)

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

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ARC SCHOOL OF BALLET
Marie Chong, Director