

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 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

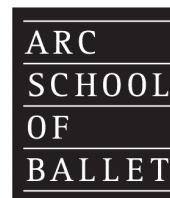
Adult responsible for payment: _____

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

Please make payments to Arc School of Ballet.

Mailing:
PO Box 9997
Seattle, WA 98109
www.arcballet.org

Studios:
9250 14th Ave NW
Seattle, WA 98117
206 352-0799



Marie Chong, Director