



MANASSAS BALLET ACADEMY

2008 - 2009 REGISTRATION



Student's Name: _____

Date: _____

Address: _____

DOB: _____ Age: _____

Name of Academic School Child Attends: _____

Parent/Guardian Name: _____

Email Address: _____

Tele: (H) _____
 (W) _____
 (C) _____

In Case of an Emergency, Contact:
 Name: _____
 Tele #: _____

How did you hear about us? _____

Referred by: (Name) _____

Classes:	Level:
Ballet	Pre-dance I / II / III - IV / V-VI / VII-VIII Teen - Adult Ballet / Pas de Deux
Jazz	Beg. / Int. / Adv
Hip-Hop	Beg. / Int.
Boys	I / II / III
Tap	Beg. / Int.
Character	Int. / Adv.
Floor Barre, Yoga, Lyrical, Modern	

Day & Time: _____

Registration Fee	Date: _____	Amount: _____	Cash/Check/Charge: _____
Recital Fee	Date: _____	Amount: _____	Cash/Check/Charge: _____

Month	Tuition	Bal Forwarded	Total Due	Amt Paid	Cash/Ck/Chg	Date
September						
October						
November						
December						
January						
February						
March						
April						
May						
June						