

# Summer Dance Program Registration Form

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Any medical information that the Dance Instructor should know: \_\_\_\_\_

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Student currently dances at (name of studio): -----

Number of Years of Ballet Experience: \_\_\_\_\_

Number of Years of Dancing on Pointe: \_\_\_\_\_

What style of ballet have you been trained in? -----

Parent/Guardian Name: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

Email Address: -----

Select all Sessions you are interested in:

*July 10<sup>th</sup> - 14<sup>th</sup>*    *and/or*     *July 17<sup>th</sup> - 21<sup>st</sup>*

*August 7<sup>th</sup> - 11<sup>th</sup>*    *and/or*     *August 14<sup>th</sup> - 18<sup>th</sup>*

Level of Class:

*Beginners*     *Intermediate*     *Advanced*

Please complete the registration form and submit it to [info@cubanballet.ca](mailto:info@cubanballet.ca)

Payment must be received by your first day of class.