



LONG BEACH BALLET - CLASSICAL BALLET ACADEMY



David Wilcox – Artistic Director

REGISTRATION FORM

PLEASE PRINT CLEARLY

Date: _____

Household Information Home Telephone: _____

Address _____

City _____ State _____ Zip _____

Ballet students in this household:

Name _____ <i>First</i> <i>Middle</i> <i>Last</i> Class Level _____ Date of Birth _____ Misc Info: _____	Name _____ <i>First</i> <i>Middle</i> <i>Last</i> Class Level _____ Date of Birth _____ Misc Info: _____
Name _____ <i>First</i> <i>Middle</i> <i>Last</i> Class Level _____ Date of Birth _____ Misc Info: _____	Name _____ <i>First</i> <i>Middle</i> <i>Last</i> Class Level _____ Date of Birth _____ Misc Info: _____

Parent or Guardian Information (Please provide information for at least two persons (for example Mother and Father, or Mother and Aunt) who might be responsible for the students listed above):

Relationship to student(s) _____ Name _____ <i>First</i> <i>Last</i> Work Phone () _____ Cell Phone () _____ Email Address _____ Profession _____ Address (if different from <i>Household Address</i> above): _____ City _____ State _____ Zip _____ Misc Info: _____	Relationship to student(s) _____ Name _____ <i>First</i> <i>Last</i> Work Phone () _____ Cell Phone () _____ Email Address _____ Profession _____ Address (if different from <i>Household Address</i> above): _____ City _____ State _____ Zip _____ Misc Info: _____
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