

_____ , _____
Last Name First Name

REGISTRATION FORM

Evans / Augusta
Circle One

PLEASE PRINT

Starting Date _____ Age _____

Birth Date _____ Telephone _____ Cell _____

Parent's/Husband's Name _____
(First and Last Names of Both)

Address _____
Street City State Zip

Father's/Your Business _____ Telephone _____
Name

Mother's/Spouse's Business _____ Telephone _____
Name

How did you hear about the Augusta Ballet School? _____

Name(s) of class(es) taken _____ Contract Monthly _____

Email Address _____