

MILWAUKEE BALLET
2012 PRE PROFESSIONAL SUMMER PROGRAM REGISTRATION
Postmarked by March 15, 2012 with deposit payment

Please print clearly

Student's First Name _____ Student's Last Name _____

Date of Birth ___/___/19___ Age as of June 18, 2012 _____ Gender _____ Height _____ Weight _____

Permanent Mailing Address _____ City _____ State _____ Zip _____

Email Address _____ (program updates will be sent to this email address)

Free Summer Intensive 2012 T-shirt for fully registered students registering BEFORE June 1, 2012 –please CIRCLE your size:

Youth:	Small 6-8	Medium 10-12	Large 12-14	X Large 14-16	
Ladies:	X Small 30-32	Small 32-34	Medium 36-38	Large 40-42	X Large 44-46
Men's:	Small 34-36	Medium 38-40	Large 42-44	X Large 46-48	

Father's/Guardian's Name _____

Telephone: Day (_____) _____ Evening (_____) _____ Cell (_____) _____

Mother's/Guardian's Name _____

Telephone: Day (_____) _____ Evening (_____) _____ Cell (_____) _____

Emergency Notification (other than Mother or Father) _____

Telephone: Day (_____) _____ Evening (_____) _____ Cell (_____) _____

Deposits Due with Registration Form:

\$25 Registration Fee

\$300 Tuition Deposit and additional \$300 Residence Hall Deposit (only if living in Sandburg Residence).

The balance due must be post marked by May 15, 2012

- Check/money order enclosed
 Please bill my credit card (Visa, MasterCard, Discover and American Express accepted)

Amount to be charged now? _____

Automatically charge balance due on May 15, 2012? Yes No

Account No. _____ Expiration Date _____ / _____

Authorized Signature For Credit Card: _____

THIS APPLICATION MUST BE SIGNED FOR ADMISSION INTO THE MILWAUKEE BALLET SCHOOL

I have read the Milwaukee Ballet School Summer Program Information packet thoroughly and I understand the School's policies as outlined therein. I certify that I am in good health and capable of participating in all School activities and classes. I fully understand that the use of illegal substances, in any form, will result in immediate dismissal with no tuition refund. Milwaukee Ballet School has my permission to use any film or still photography taken of me for promotional purposes for the Milwaukee Ballet & School.

Student's Signature _____ Date _____

Parent or Guardian (if student under 18) _____ Date _____

RETURN ALL PAPERWORK TO:
MILWAUKEE BALLET SCHOOL ♦ 504 W. NATIONAL AVENUE ♦ MILWAUKEE, WI ♦ 53204
Tel: 414-649-4077 Fax: 414-649-4066

FOR OFFICE USE ONLY:

SA _____	CN _____	AP _____
FAA _____	CCCD _____	Level _____