

Maryland School of Ballet and Modern Dance, Inc.
Registration Form: Summer 2010

Name _____ Birth Date _____ Age _____

Mailing Address _____

Email Address _____ Phone Number _____

Parent(s)/Legal Guardian(s) _____

GROUPS A-C CLASS CARD REGISTRATION SECTION:

PLEASE REGISTER ME FOR THE GROUP CIRCLED BELOW:

A B C

I WOULD LIKE TO PURCHASE THE FOLLOWING CARD: (circle one)

(10) \$180 (15) \$270 (20) \$340 (25) \$425 (30) \$480 Unlimited \$575

ADULT/PETITE BALLERINA/BALLET FOUNDATION REGISTRATION

Class(es) Registering For Day/Time Fee

		\$
		\$
		\$

SUMMER INTENSIVE/WORKSHOP REGISTRATION SECTION:

PLEASE REGISTER ME FOR THE FOLLOWING WORKSHOP(S)--CIRCLE

Pointe Workshop June 21-25 2010- \$390

Pre Pointe Intermediate Dance Workshop July 26-30 2010- \$390

Registration Date: _____

Registration Fee: **\$15 (Only applicable if registering after 5/01/2010)**

Grand Total Due at time of Registration: \$ _____

Remaining Balance Due \$ _____

Cash or Check# _____ (made payable to Maryland School of Ballet and Modern Dance, Inc.)

Parent Signature _____ Date _____ Health Form on file? _____

EMAIL mdschoolofballet@comcast.net with any questions

****health form can be downloaded off our website www.danceharfordcounty.com****