

MAB Registration Form

Name: _____ Date of Birth: _____

Program for which you are registering: _____

Address: _____ Zip Code: _____

Telephone: _____ Cell Phone: _____

Email: _____ Parents' Names _____

Emergency contact: _____

Previous Training: _____

How referred to the Academy?

Please enclose a non-refundable registration fee of \$50.00.
This fee will be deducted from tuition. Make checks payable to the Massachusetts
Academy of Ballet and return to: 4 Open Square Way, Studio 403, Holyoke, MA 01040.
Tuition is due on or before the first day of the program for which you are registering.