

# 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? \_\_\_\_\_

\*\*If you are registering a student for the Summer Intensive please check the weeks they will attend:

Week 1: \_\_\_\_\_

Week 2: \_\_\_\_\_

Week 3: \_\_\_\_\_

Week 4: \_\_\_\_\_

*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.*