

Massachusetts Academy of Ballet  
Registration Form

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Program for which you are registering: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Guardians' Names: \_\_\_\_\_

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

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

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

Please enclose a \$50 non-refundable registration fee with your form. This fee will be deducted from the tuition. Make check payable to "Massachusetts Academy of Ballet" and return to: Massachusetts Academy of Ballet, 4 Open Square Way, Studio 403, Holyoke, MA 01040

Tuition is due on or before the first of the program for which you are registering.