



northeastern *Ballet* theatre

SUMMER REGISTRATION FORM

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Age _____ Birth date _____ Grade in school in Sept. _____

Parent or Guardian's name _____

Home phone _____ Cell phone _____

Email (please print clearly) _____

EMERGENCY CONTACT

Name _____ Relationship _____

Home phone _____ Cell phone _____

Are there any medical conditions, allergies or physical conditions of which the instructors should be aware? (if yes, please explain) _____

For Summer Intensive only:

my child will be attending:

Week	7/1	7/8	7/15	7/22	7/29	8/5	8/12	8/19	8/26
#of full days									

Adults and younger dancers:

Single Class: Day _____ Time: _____

Dover ____ Wolfeboro ____

