

SCARSDALE BALLET STUDIO

696R White Plains Road

Scarsdale, New York 10583

914-725-8754 Fax: 914-725-1781

REGISTRATION FORM 2008-2009

STUDENT'S NAME _____

Date of Birth _____ Age _____

Name of Parents _____

Address _____

City _____ State _____ Zip Code _____

Home# _____ Cell# _____

Business# _____ Emergency # _____

Email _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Use back of form for additional classes.

Fall Session _____ Full Year _____

Min. deposit: \$200. Yearly registration fee: \$30. Balance payable in two installments: the first is due 9/2/08 and the second installment plus a \$30 recital costume fee is due on 1/12/09. Payment plans are available. Call for information. No refunds after the second class.

I acknowledge that The Scarsdale Ballet Studio is not responsible for loss or theft of personal property, or injuries sustained during class.

Signature _____ Date _____

CreditCard _____ Vcode(Visa) _____ Exp. _____ Check _____