

Ballet Academy Ventura
2750 E. Main Street, Ventura, CA
Registration form 2004-2005

Class Level: _____ Student's Birthday: _____

Student Name: _____

Parents/Guardian Name: _____

Address: _____ City: _____ Zip Code: _____

Phone#: _____ Work Phone#: _____

Cell#: _____

Billing information if different from above:

Billing Name:

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Class Level: _____ # Classes/week: _____ Class days/#: _____

Registration Fee: _____ Tuition: _____ Amount Paid:

_____ Prorated _____

Check#: _____ Cash: _____

How do you hear about us?

Newspaper__ Yellow Pages__ Friend__ Saw Performances__ Web page__

Attach & email form to ballet@trnout@aol.com or bring in with you.