



2009/2010 REGISTRATION FORM

Registration is also available on our website:
www.milwaukeeballet.org

Student's Information:

First Name _____ Last Name _____

Birthdate ___/___/___ Age (as of 8/31/2009) ___ Gender ___

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

Email Address _____

Father's Name _____

Father's Alternate Phone (_____) _____

Mother's Name _____

Mother's Alternate Phone (_____) _____

Person to be billed _____

Billing Address _____

City _____ State _____ Zip _____

Emergency Notification Contact _____

Emergency Contact Phone (_____) _____

I wish to register for:

Location:

- Jodi Peck Center/Milwaukee
504 W. National Avenue
- Riverpoint Village/Fox Point
8707 N. Port Washington Road
- Towne Centre/Brookfield
3815 N. Brookfield Road, Suite 201

Class _____

Day(s) _____

Fee _____

Are you a NEW MBS student?

- Yes
- No

If yes, previous ballet experience _____

Does your student have any special needs? _____

If yes, please explain: _____

How did you first hear about MBS? _____

Method of Payment:

- Cash
- Check/money order enclosed
- Please charge my credit card account \$ _____
- Please automatically charge my credit card \$ _____ each due date

CC Account number _____

Expiration date _____

Authorized signature _____

THIS APPLICATION MUST BE SIGNED FOR ADMISSION INTO THE MILWAUKEE BALLET SCHOOL.

I hereby release Milwaukee Ballet School, its agents and employees, from all liability for personal injury, illness or property damage occurring on or off Milwaukee Ballet School premises, whether or not caused by the negligence of the Milwaukee Ballet Company and School, its agents or employees. I have read the registration information and understand the School's policies as outlined. I understand that I am responsible for tuition payments as described. I certify that I am in good health and capable of participating in all school activities and classes. I hereby give permission to the Milwaukee Ballet School to take photographs or video of me/my child to be used in Milwaukee Ballet and Milwaukee Ballet School promotional materials.

Student's Signature (18 +) or Parent's/Guardian's Signature (under 18)

Mail, or deliver with payment to:
Registrar, Milwaukee Ballet School
504 West National Ave.
Milwaukee, WI 53204

Or fax this application to: **(414) 649-4066**

We cannot accept telephone registrations.
Please call the MBS office with questions, (414) 649-4077.
Thank you.