

B A L L E T B E L L E V U E

SUMMER INTENSIVE 2009

Name: _____ Phone: _____

Email: _____ Phone: _____
 Phone: _____

Address: _____

City: _____ Zip: _____ Birth Date: _____
(if under age 18)

Emergency Contact: _____ Phone: _____

REGISTRATION: \$15 (\$25 family maximum) \$ _____

TUITION

Class Name/Level	Instructor	Dates	Times	
				\$ _____
				\$ _____
				\$ _____

Total Payment: *(due one week prior to start date)* __cash __check \$ _____

__credit card# _____ ex. date: _____

signature: _____

I freely and knowingly assume all risks incidental to participating in Ballet Bellevue SUMMER INTENSIVE 2009 and I hereby waive any right, claim or course of action against Ballet Bellevue, its officers, directors, employees or agents, releasing them from any liability arising out of an injury, direct or indirect. I also give permission to be photographed/videotaped and allow Ballet Bellevue to release said pictures/videos for publicity and fundraising purposes.

Signature: _____ Date: _____
(parent or guardian if under age 18)

please mail to: Ballet Bellevue, P. O. Box 3704, Bellevue, WA 98009
 425.455.1345
 www.balletbellevue.org

