

Douglas Ballet & Performing Arts Academy

Summer Programme Registration

Student Name: _____

Parent Name: _____

Address: _____

Phone: _____

Cell: _____

E-mail: _____

Student Age: _____

Current Dance Level: _____

Allergies: _____

Emergency Contact: _____

Phone Number: _____

I wish to register my child for _____

Week of _____

Day/s _____

I enclose my fee of \$ _____ cash cheque Visa

Credit card _____ Exp _____

Full payment due upon registration.

I understand all programmes are subject to registration. I have read and agree to payment and refund policies of Douglas Ballet Academy's summer programmes

Signed

Date