

## Summer CAMP 2013 Registration Return in person, email, or by fax to Colorado Ballet Academy with tuition due.

One form per student, please. For Office Use Only:  $\Box E \Box P \Box L$ 

Today's Date:  Are You a Returning Student? Y / N  First Name:				
		Registering for (circle one): Central or South Academy		
		Last Name:		
Date of Birth: Age: Contact E-M			Mail (required):	
Address:		City:	State: Zip:	
Home phone:		Student Cell Phone:		
Family and Emergency Contac	t Information:			
Parent/Guardian 1's First Nam	ne:	Last:	Contact Phone:	
Parent/Guardian 2's First Nam	e:	Last:	Contact Phone:	
Student Profile: Please list a	ny relevant allergies (enviro	onmental, food, or drug): _		
When did you start dancing with	the Academy? New Studen	nt 2013 2012 2011	2010 2009 2008 Prior to 2008	
How Did You Hear About us (cire	cle one)? Email Frie	end Facebook Flyer	Promo Performance Other	
I wish to re	gister for: Summer Camp	os (please use other registra	ation form for regular classes)	
Camp:	Camp Session Dates:		Tuition:	
Camp:	Camp Session Dates:		Tuition:	
Camp:	Camp Session Dates:		Tuition:	
Coupon#	Coupon Company/Terr	ms:	= Total: \$	
Academy reserves the right to cancel or reschedudent (and family) agrees to abide by all Acadeademy assumes no responsibility for any according video graphic images for Colorado Ballet present of the semester. 50% tuition reimburseme subject to a refund. All refunds and credits will worn merchandise are nonrefundable. Camps the	dule any classes not meeting minimum demy policies as set forth in the Acade cident or injury to the student in any Aublicity purposes. Summer refund polint will be processed between the first I take up to 3-5 weeks of processing timat do not meet minimum required enrola registration fee. If refunds are needed	n enrollment requirements. Students w my Policies, available online at www. cademy or Colorado Ballet function or licy: Registration fees are non-refunda week and the second week of the sem me and will not be issued without a sig illment will be cancelled and issued fu I, check and credit card payments refu	thout regard to race, sex, religion, national origin or disability. vill be notified of any cancelled or rescheduled classes. Regist coloradoballet.org or through the Academy Office. Colorado B revent. Registered student also consents to the use of photograble. 100% tuition reimbursement will only be processed before ester. Any withdrawal after the second week of the semester is gned Drop/Add form. Registration fees, punch cards, gift cards, ll refund. Accounts withdrawing after the start of the semester, nds may be issued back in the original form of payment. There	
Student/Parent Signature: _ 		Date	e:	
	kequirea for registration		Make Checks Payable to: Colorado Ballet Acade	
Please circle one: Charge Card Below and Keep on File	Charge Credit Card Below	Enclosed is a <b>check</b> or <b>cash</b> for	or \$ (or) Payment To Come	
Charge credit card for \$		Charge my card on or	after this date:	
Card Number:		Expiration:	CV2:(3 or 4 digit cod	
Name Appears on Card:		Street Address + Zip		
Sionature:		Date:	(If different than abo	