



America's Ballet School
15365 Amberly Drive
Tampa, Florida 33647
813-558-0800

Artistic Director: Paula Nunez

SUMMER TRAINING REGISTRATION FORM

Student's Name _____ DOB _____

2nd Child's Name (if applicable) _____ DOB _____

Parent/Guardian's Name _____

Address _____

Telephone-Home () _____ Work () _____

Cell () _____ e-mail _____

Name of your ballet school: _____

Years of ballet training: _____ Years on pointe: _____

Previous summer program: _____

Are you interested in Housing Information?: Yes: _____ No: _____

Please check the summer program that your child(ren) will be attending:

International Summer Intensive: July 12 - July 30 (9:00-4:30): \$360 per week _____

Program for Young Dancers: July 12 - July 23 (9:30-4:00): \$300 per week _____

Summer Registration fee/Audition fee (\$25.00 per family) 25.00

Total due \$ _____

Audition Date: _____

Paid by:

Check # _____ \$ _____ Received by: _____ Date: _____

Check # _____ \$ _____ Received by: _____ Date: _____

Check # _____ \$ _____ Received by: _____ Date: _____

Credit Card: (MC, Visa, AMEX, Disc) _____ Exp _____

Parent Signature _____

Any special circumstances or items that we should know about:
