



Summer Session Registration Form

Return This Registration Form To:

Tacoma City Ballet School

508 6th Avenue

Tacoma, Wa 98402

(253) 272-4219

____ Returning Dancer ____ New Dancer

Dancer Name _____

Dancer Birthdate _____

Parent/Guardian _____

Address _____

City/State/Zip _____

Parent's Contact Phone _____

Transportation's Contact Phone _____

Email _____

Class Placement _____

Elective classes _____

*Dancers may register for any combination of Electives listed on their class assignment notice. Tuition costs for Electives are listed in the Tuition Schedule.

Full 6 Week Session Tuition Enclosed \$ _____

Or

Circle which weeks will be attended 1 2 3 4 5 6

Tuition Enclosed \$ _____

TUITION POLICY: All tuitions are due and payable on the first day of Summer Session and is non-refundable. Dancers are encouraged to mail in registration and tuitions prior to the first day of classes. Tuition may be paid weekly upon approval of the school. Payments are due by the first class of each week. Students with tuitions due will not be admitted to class. Checks returned for insufficient funds will be assessed a \$25.00 service charge. I understand and hereby agree to abide by the Tuition Policy of Tacoma City Ballet School as stated above

Parent/Guardian Signature _____ Date _____