

Our mission is to foster talent by providing a comprehensive classical and contemporary training curriculum to the Twin Cities and surrounding area, focused on the technical and artistic demands of a professional dance career.

PERFORMING ARTS DIVISION REGISTRATION FORM 2010-2011

STUDENT INFORMATION

Last Name _____ First Name _____ Level

Address _____ City _____ Zip Code _____

Home Phone (____) _____ Sex _____ Date of Birth _____ Age _____

Academic School _____ City/District _____ Grade _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 _____ #2 _____

Address #1 _____ #2 _____

Home Phone #1 _____ #2 _____

Office Phone #1 _____ #2 _____

Cell Phone #1 _____ #2 _____

E-Mail Address #1 _____ #2 _____

Occupation #1 _____ #2 _____

Employer #1 _____ #2 _____

Student E-Mail Address _____

BILLING INFORMATION (if different from above)

Name _____

Address _____ City _____ Zip Code _____

Phone (____) _____

EMERGENCY CONTACTS (to be called only in the event that we are unable to reach a parent)

Name _____ Phone (____) _____

Name _____ Phone (____) _____

