

MAPLE CONSERVATORY OF DANCE SUMMER REGISTRATION FORM 2008

Please return this form with a \$20.00 registration fee
___ Feb. 3rd Audition ___ Mar. 30th Audition ___ Video Audition

Today's Date: _____

Program(s) auditioning for: ___ Technique Intensive ___ 4 Week Intensive ___ Jr. Intensive
(6/16 – 6/20) (6/30 – 7/26) (8/4 – 8/16)

Student's Name: _____ Age as of June 1, 2008: _____

Male / Female (circle one) Date of Birth: _____ / _____ / _____ Height: _____ Weight: _____
Month Day Year

Student Address: _____
Street

_____ City State Zip

Phone where you can be reached: Day: _____ Evening: _____

E-mail: _____

Present dance school: _____ Class Level: _____

of years of study: _____ Classes per week: _____

Summer programs you have attended in the last two years:

Guardian: _____

Address if different: _____
Street

_____ City State Zip

Phone: Day: _____ Evening: _____

Cell: _____