

BALLET HAWAII

Mail to: 777 S. Hotel St. Suite 101
Honolulu, HI 96813

Dancer's Name _____

Age _____ Birth date _____

Dancer's School _____ Grade _____

Dancer's Cell _____ Email _____

Years ____ Ballet School _____ Teachers _____

Parents' Email _____

Go to class desired next if the following data is already on file

Mother's Name _____

Business Company Name _____

Home phone _____ Cell _____ Work _____

Mailing address _____

City _____ Zip _____

Father's Name _____

Business Company Name _____

Home phone _____ Cell _____ Work _____

Mailing address _____

City _____ Zip _____

Other Contact Name _____

Cell Phone _____ Work _____

New Students pay an additional \$25 registration fee

Class desired	Day	Time	Fee
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TOTAL DUE _____ (Late payments will be charged a late fee of \$25)

Location: Honolulu _____ Wahiawa _____ Kapolei _____

Credit Card # _____

Exp Date _____ Signature _____

FOR OFFICE USE: CC _____ Amt. paid _____ Ck # _____ Date paid _____