



Registration Form 2010-2011

___ Downtown Location

___ Vista Plaza/Gahanna

Student's Name _____ Male/Female _____ Birth date _____ Age _____ Home phone with area code _____

Address _____ City _____ Zip _____

Check if new address, phone or e-mail

Father/Guardian's Name _____ Work phone _____ Cell phone _____

Mother/Guardian's Name _____ Work phone _____ Cell phone _____

Email address for communication purposes _____

I wish to register for the following classes: (Please use back for additional classes)

Class	Day	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

() Payment in full. Enclosed is \$25 yearly registration fee plus full tuition for the 2010-2011 season.

() I agree to pay on a nine-month payment plan. Payments are due by the first of the month beginning Sept. 1 and ending with the final payment on May 1, 2011. I understand I will not receive a monthly invoice. A \$10 late fee is assessed for payments not made by the first of the month.

() I am a subscriber for the BalletMet 2010-2011 season. (Academy Flex Packs not applicable).

() I wish to make a tax-deductible contribution to BalletMet of \$_____.

Agreement Signature _____

Please charge the following (check & complete all that apply- Visa, MasterCard, and Discover accepted):

() Registration fee: \$_____ () Full year tuition: \$ _____ () Monthly tuition @ \$_____

Name on Credit Card: _____ Card #: _____

Signature: _____ Exp. Date: _____

In order to reserve a class space, **all registration forms must be accompanied by the \$25 registration fee (unless paid Summer 10). Registration fees are non-refundable.** Registrations will be accepted on a space available basis. Checks should be made payable to **BalletMet** and mailed to **322 Mt. Vernon Ave. Columbus, OH 43215.**

NO MORE THAN TWO (2) DISCOUNTS APPLY TO ANY STUDENT.

A release and authorization form must be received prior to a student's first class.