

DANCE CENTER FALL 2007 Registration Form

please print and mail, fax, or email to:

Ballet Spartanburg
200 East St. John St.
Spartanburg, SC 29306

Phone: (864) 583-0339
Fax: (864) 278-9694
Email: ballet@spartanarts.org

Dancer's Name: _____

Parents' Name(s): _____ Places of work _____

Address: _____

City, State, Zip: _____

Telephone Home: _____ Work: _____

Date of Birth: _____ Grade: _____ School: _____

Emergency contact: _____ Phone: _____

Please complete a separate form for each student.

Make checks payable to: Ballet Spartanburg • 385 South Spring Street • Spartanburg, SC 29306

List Dance Classes Requested

Class: _____ Dates: _____ Instructor: _____

Class: _____ Dates: _____ Instructor: _____

Class: _____ Dates: _____ Instructor: _____

Please see the Tuition Schedule for fees: There is no tuition adjustment for missed classes. Students should make up all missed classes within 30 days (See you instructor for appropriate make-up class. THERE ARE NO REFUNDS OF TUITION PAID. You will be responsible for the payment of tuition until an official, written withdrawal is submitted.

Parent or Guardian

Date

REGISTRATION FEE \$ 25 _____
RECITAL FEE 10 _____
TUITION ENCLOSED _____
TOTAL PAYMENT ENCLOSED \$ _____