

# BALLET THEATRE MIDWEST

## Summer Intensive Performance Workshop 2009 Registration

STUDENT NAME			DATE
STREET ADDRESS			AGE
CITY	STATE	ZIP	BIRTH DATE
HOME PHONE	CELL PHONE		EMAIL

### Parent Information

NAMES			HOME PHONE
STREET ADDRESS			WORK PHONE (Mother)
CITY	STATE	ZIP	WORK PHONE (Father)
EMAIL		Please include email address so that we can share announcements and updates with you.	

### Emergency Information

NAME			HOME PHONE
STREET ADDRESS			WORK PHONE
CITY	STATE	ZIP	CELL PHONE

### Enrollment

<input type="checkbox"/> Session I July 6 - 17	<input type="checkbox"/> <b>Tuition Deposit:</b> Non-refundable tuition deposit (\$150) and registration fee (\$25) <i>Registration fee waived if enrolled prior to May 1</i>
<input type="checkbox"/> Session II July 20 - 31	
<input type="checkbox"/> Session I & II July 6 - 31	<input type="checkbox"/> <b>Housing Deposit:</b> Non-refundable housing deposit (\$150) - <i>deadline June 1</i>

*After June 1 placement in program will be made upon space availability*  
**Payable to: Ballet Theatre Midwest, PO Box 31156, Cincinnati, OH 45231**

### Student Medical History

All information contained herein, will remain strictly confidential and will only be used in the event of a serious injury or medical emergency.	
STUDENT'S PRIMARY PHYSICIAN	PHONE
STUDENT'S DENTIST	PHONE
MEDICAL INSURANCE COMPANY	SUBSCRIBER'S NAME/RELATIONSHIP
ACCOUNT NUMBER	GROUP NUMBER
Briefly state any medical conditions or issues (Please include known allergies, prescription and medications and any information that would affect emergency medical treatment.)	
PARENT/GUARDIAN SIGNATURE	DATE