Ballet Theatre Midwest, INC - Video

			Date
NAME (First, Last)			☐ Male ☐ Female
PARENT OR GUARDIAN NAMES		AGE	BIRTHDAY
ADDRESS	Would you like housing information? ☐ Yes ☐ No		
CITY		STATE	ZIP
HOME PHONE	WORK PHONE	CELL PHONE	
EMAIL	Please include email address so that we can share announcements and scheduling changes with you in a more efficient manner.		
CURRENT TRAINING (LOCATION)	STUDIED BALLET Years	POINTE Years	
CURRENT INSTRUCTORS	PREVIOUS TRAINING (LOCATION)		
How did you hear about our program?	Are you interested in a Resident Advisor postion? (You must be 18 or older) ☐ Yes ☐ No		
STUDENT'S SIGNATURE		AGE	
PARENT OR GUARDIAN SIGNATURE (If student is a minor)		DATE	