



BALLET ACADEMY

REGISTRATION FORM

2345 Main Street
Vancouver, BC V5T 3C9
Tel: 604.872.4014 Fax: 604.872.4011

PLEASE COMPLETE THIS APPLICATION IN FULL

Name: _____

Address: _____

City: _____

Province/State: _____

Postal/ZIP: _____

Country: _____

Telephone: _____

Email: _____

Birth Date: Day: _____ Month: _____ Year: _____

Father's Name: _____

Occupation: _____

Mother's Name: _____

Occupation: _____

Does the applicant attend Ballet? Yes No

If yes, number of: Years: _____ Lessons per week: _____

Name of dance school: _____

Last Ballet exam passed (if applicable): _____

Name of academic school: _____

Current/Last grade attended: _____

Check the boxes of the program(s) you are interested in:

<input type="checkbox"/> General Division	<input type="checkbox"/> Annual Summer School
<input type="checkbox"/> Professional Division	<input type="checkbox"/> International Student Program
<input type="checkbox"/> Half day Combined Ballet/Academic	<input type="checkbox"/> Vancouver Goh Ballet Company

Print Name: _____

Date: _____

Signature: _____