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BALLET THEATRE OF TOLEDO

**CURRENT STUDENT
REGISTRATION FORM
2009-2010 SCHOOL YEAR**

Student Information

Name _____ Date of Birth/Age _____

Address _____ City/State/Zip _____

Phone# _____ Name of local newspaper _____

Family e-mail address _____

Classes

Level _____ Day _____ Time _____

Level _____ Day _____ Time _____

Level _____ Day _____ Time _____

Level _____ Day _____ Time _____

Level _____ Day _____ Time _____

Level _____ Day _____ Time _____

Level _____ Day _____ Time _____

Note: Classes are filled on a first come, first serve basis.

***Both installment payments must be paid in full, even if the student decides to quit.**

No refunds.

All of my information from the Fall 2009 registration form is current and correct.

Signature _____

Method of payment ___ cash ___ check ___ credit card ___

If you are paying with a credit card, please include the following:

Type of Card _____	Name on Card _____
Credit Card Number _____	Exp. Date _____
Verification Number (found on the back of the card) _____	Amount _____