

Classical Ballet of WNY

338 Harris Hill Road
Williamsville, NY 14221
716-631-1582
716-908-6532

Email: Gentesw@aol.com
www.LockportCityBallet.com

STUDENTS NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP _____
DATE OF BIRTH: _____ Age _____ TELEPHONE: _____
MOTHER'S NAME: _____
FATHER'S NAME: _____
TELEPHONE IN CASE OF EMERGENCY: _____
E-MAIL ADDRESS _____

STUDENT INFORMATION PLEASE FILL IN THE CORRECT NUMBER

BALLET Years of Training _____

POINTE Years of Training _____

MODERN Years of Training _____

JAZZ Years of Training _____

How did you hear about us? _____ Newspapers, _____ Yellow Pages, _____ Flyers,
_____ Other

**I give Classical Ballet of WNY permission to use my child, _____,
photo on Classical Ballet of WNY/Lockport City Ballet brochures, posters, and website.**

Parent/ Guardian Signature _____

___ **Please check if you do not give us permission to use your child's photo.**

There is a \$20.00 yearly registration fee (\$5.00 for each additional family member)

Please make your check payable to: Classical Ballet of WNY