

Lockport City Ballet

58 Main St.

Mailing: P.O. Box 311

Lockport, NY 14095

716-434-4940

716-390-6242

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 Lockport City Ballet permission to use my child, _____,
photo on Lockport City Ballet/Classical Ballet of WNY 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: Lockport City Ballet