



BENICIA BALLET THEATRE SUMMER CAMP REGISTRATION FORM

(Please Print)

STUDENT INFORMATION

Student Name:		Birth date:	Age:
Additional Student Name:		Birth date:	Age:
Street Address:			
City:	State:	ZIP Code:	Home phone no.:

PARENT OR GUARDIAN INFORMATION

Parent or Guardian Name:		Cell phone no.:
Home phone no.:	Address if different from student:	
Parent Email Address:		

EMERGENCY CONTACT INFORMATION

Emergency Contact Name:		Relationship to student:
Cell phone no.:	Work phone no.:	Home phone no.:

PAYMENT INFORMATION

Division/Age	Fee per child	Number Attending	Amount Due	Classes Take Place
A - Ages 3-4	\$100	_____	_____	July 16-28: Mon-Thurs 5-7pm, Sat 1-3pm, Performance Sat 7/28
B - Ages 5-7	\$100	_____	_____	July 16-28: Mon-Thurs 5-7pm, Sat 1-3pm, Performance Sat 7/28
C - Ages 8-11	\$150	_____	_____	July 16-28: Mon-Thurs 10:45-4pm, Sat 12-3pm, Performance 7/28
D - Ages 12&up	\$150	_____	_____	July 16-28: Mon-Thurs 10:45-4pm, Sat 12-3pm, Performance 7/28
Total Due			\$	

I understand that if my child is not already a student at Benicia Academy of Performing Arts or has not participated in Benicia Ballet Theatre's Nutcracker 2017 or Legacy 2018 performances, I am required to complete a separate registration form, the 2017-2018 Medical Consent and General Information form before classes begin.

Parent/Guardian Signature _____ Date _____

All fees are due by June 1, 2018.
Thank you for your business and looking forward to working with your dancer this summer!

Benicia Ballet Theatre, Inc.
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www.beniciballet.org