

Emerald Ballet Theatre Summer Program Registration Form

Name _____ Female Male

Age _____ Date of Birth (mm/dd/yy) _____ Name of Parent/Guardian _____

Address _____

Phone Number _____ Alternate Phone Number _____

Email Address _____

How did you hear about EBT? _____

Roots and Wings Summer Camps

Note: Register prior to April 15th OR enroll in multiple weeks and pay \$210/half day and \$450/full day.

	Half Day (\$175) 9am-12pm or 1pm-4pm	Full Day (\$355) 9am-4pm
Irish: July 6-10 *Afternoon Only (1pm-4pm)	<input type="checkbox"/>	N/A
Spanish: July 13-17	<input type="checkbox"/>	<input type="checkbox"/>
French: July 20-24	<input type="checkbox"/>	<input type="checkbox"/>
Lunch Hour: \$12/day *includes visits to Dizzy's Tumblebus and playtime with other kids. Children must provide their own lunch and water.	\$12 x ____ days = ____	
		Total \$ _____

Intermediate Ballet Classes (ages 6-12)

Classes daily M-F 3-4pm July 6th-24th.
\$18 per class or \$15 per class when you register for 4 or more.
\$25 registration fee applies to new students only.

Week 1				Week 2				Week 3						
7/6	7/7	7/8	7/9	7/10	7/13	7/14	7/15	7/16	7/17	7/20	7/21	7/22	7/23	7/24

Number of Classes ____ x \$ ____ per class = \$ ____
Registration Fee \$ ____
Total \$ ____

Pre-Ballet Classes (age 3-5)

Weekly classes on Saturdays from 10-11am beginning June 27th.
\$18 per class or \$15 per class when you register for 4 or more.
\$25 registration fee applies to new students only.

6/27 7/11 7/18 7/25 8/1 8/8 8/15 8/22

Number of Classes ____ x \$ ____ per class = \$ ____
Registration Fee \$ ____
Total \$ ____

Summer Dance Intensive Program (age 10-18)

Classes Daily July 6-24 from 10am-2pm
\$25 registration fee applies to new students only.

Week 1
(July 6-10)

Week 2
(July 13-17)

Week 3
(July 20-24)

Number of Weeks ____ x \$200 per week = \$ ____
Registration Fee \$ ____
Total \$ ____

Total Payment \$ ____

Credit Card # (Master Card or Visa Only)

Exp Date (mm/yy)

Check #

Cash

I freely and knowingly assume all risks incidental to participating in any Emerald Ballet Theatre (EBT) summer programs. I hereby waive any right, claim or course of action against EBRT, its officers, directors, employees or agents, releasing them from any liability arising out of an injury, direct or indirect. I also give permission for my child to be photographed or videotaped and allow EBT to release said photos or videos for publicity and fundraising purposes.

Signature of Parent/Guardian

Date

Emerald Ballet Theatre
12368 Northup Way
Bellevue, WA 98005
425-883-3405
info@emeraldballet.org

