

**Please call Portland Ballet
for class placement & availability
prior to sending in registration form
207.772.9671**

— Annual Registration Form —

Student's name _____

Age _____ Birthdate _____ Grade _____

Parent's name _____

Parent's e-mail _____
(for Portland Ballet communication only)

Address _____

City _____ State _____ Zip _____

Phone (hm) _____ (wk) _____ (cell) _____

- There is a second address and e-mail that should receive PSB bills and/or communications. (please list on back)*
- Please check here if this is a new address.*
- You may give out my name and number for class purposes.*
- Please keep my name and number confidential.*
- You have permission to use this dancer's photograph for advertising, brochures, etc. for the benefit of Portland School of Ballet.*

Waiver of Liability: I agree that I will not hold the Portland School of Ballet, The Portland Ballet Company, or any faculty member, guest teacher, or employee of either, liable for injuries or illnesses contracted by me while a student of PSB.

I have read and understand Portland School of Ballet Policies.

Student Signature (parent/guardian's if under 18)

Class Day/Time/Level: _____

Class fee(s): \$ _____

Donation: *PSB is a non-profit organization.* \$ _____

Total amount due: \$ _____

My check is enclosed Please charge my: Visa Mastercard
(\$100 minimum charge for credit cards)

Card number _____ Exp. date _____

Name as it appears on card _____

Signature _____

The Portland School of Ballet admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the School.