



VERMONT BALLET THEATER SCHOOL

Summer 2008 Registration Form

www.vbts.org

info@vbts.org

802-878-2941

Student: _____

Mother: _____

Father: _____

Address 1: _____

Address 2: _____

Phone Numbers:

Home: _____ Work: _____

Home: _____ Work: _____

Student's DOB: ____/____/____

Years Dancing: _____

Registration for:

Class

Title: _____ Date: _____

Class

Title: _____ Date: _____

Class

Title: _____ Date: _____

Full Payment* of \$_____ is enclosed.

How did you hear about us? _____

Mail form and payment to:

The Vermont Ballet Theater School
P.O. Box 8147
Essex, Vermont 05451