



# VERMONT BALLET THEATER SCHOOL

## Summer 2009 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**