

THE AUSTIN CITY BALLET REGISTRATION FORM/Summer 2017

Student Name _____	Student DOB _____
Home Address: Street _____	_____
City _____	TX _____ Zip Code _____
Mother's name _____	Father's name _____
Primary Phone _____	Primary Phone _____
Other _____	Other _____
Email _____	Email _____

Emergency Contact (other than parents)	Person Financially Responsible
Name _____	Name _____
Primary Phone _____	Primary Phone _____
Other _____	Other _____

Please enroll Student in the following classes, camps or intensives:

Class Name	Day	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For 8 week summer session and Camps: Full tuition payment and registration fee is due at the time of registration.

For June and August Workshops: A non-refundable deposit of \$50.00 is due by May 7th and must be included with your registration form. ***The balance of tuition is due June 1st in order to secure the instructors and guest artists.***

Late registrations will be considered on an individual basis. The second child in the family will receive a \$25.00 discount if attending the same workshop as the sibling. ***There are no refunds or credits on tuition for missed classes within the summer classes, camps or intensives. There are no discounts for partial attendance in camps or intensives. There are no refunds on tuition unless your designated program is cancelled and there are no other choices available. No Exceptions.*** Medical excuses must be submitted directly to the Director of ACB for review. In the case of a medical excuse a 50% refund will be given. There is a one time \$40.00 Registration fee for the summer.

I have read the above statement and agree to the requirements.

Signature _____ Date _____

We accept personal checks (made payable to the Austin City Ballet), cash, M/C, Visa and American Express.

Please enroll me in tuition auto-pay. I understand that there is a \$3 fee per auto-pay transaction. Payments will be run on the due date or the first business day after the due date (if on a weekend.)

Card Holders Name	_____
Credit Card Number	_____
Exp. Date	_____
Signature of Card Holder	_____