



*Dance: More powerful than words*

Semester (circle one)	
Fall	
Winter	
Summer	
Year	20__

**Academy Art Museum Registration Form**

Student Name  
 Last: \_\_\_\_\_ First: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Class Name \_\_\_\_\_ Day & Time \_\_\_\_\_ Tuition \_\_\_\_\_

Class Name \_\_\_\_\_ Day & Time \_\_\_\_\_ Tuition \_\_\_\_\_

Class Name \_\_\_\_\_ Day & Time \_\_\_\_\_ Tuition \_\_\_\_\_

Class Name \_\_\_\_\_ Day & Time \_\_\_\_\_ Tuition \_\_\_\_\_

Class Name \_\_\_\_\_ Day & Time \_\_\_\_\_ Tuition \_\_\_\_\_

Cycle One:    Paying in full for year            Paying in full for semester            Three payments per semester

Museum Member Code \_\_\_\_\_

Subtotal \_\_\_\_\_

Registration Fee \$10 \_\_\_\_\_

Discount if applicable \_\_\_\_\_

Donation to BTM \_\_\_\_\_

Registration Fee \$10 \_\_\_\_\_

**Total** \_\_\_\_\_

<p><u>Staff Use Only</u></p> <p>Evaluation class results:</p>  <p>Placed in class(es):</p>
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**Make checks payable to:**  
***Ballet Theatre of Maryland***

Check No. \_\_\_\_\_

Credit Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**Release Statement:** I (student) release Ballet Theatre of Maryland from any liability, claims, judgments or demands arising of any course of instruction or supervision at Ballet Theatre of Maryland.

Signature \_\_\_\_\_  
 (Parent or Guardian if student is a minor)