Ken Kaiser, Artistic Director ken@wcbdance.org
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(253)474-4312
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2010 Summer Registration

Please complete both sides of this form, sign, date and enclose payment to ensure class placement

Students Name _____ Age _____ Birth date _____ Date _____

Home Address _____ Home Phone _____

City/State/Zip _____ Email Address _____

Does this student have any special handicaps or needs that WCBS should be aware of or meet?

Years of dance study _____ Type of Dance _____ Previous Dance Instructors _____

Father's Name _____ Mother's Name _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____ Home Phone _____ Work Phone _____ Cell Phone _____

Employer _____ Employer _____

Profession _____ Profession _____

Adult responsible for paying tuition (signature required on back page)

Name _____ Phone Number _____

Address _____ City/State/Zip _____

If parent is unavailable, person to contact in event of emergency

Name _____ Phone number _____

Address _____ City/State/Zip _____ Relationship to student _____

Preferred Medical Provider _____

Ballet

- ❑ Wizard of Oz
- ❑ Nutcracker
- ❑ Cinderella
- ❑ Sleeping Beauty
- ❑ Little Mermaid
- ❑ Beauty and the Beast

Master Class Program _____
Note: Beginning, Intermediate or Advanced

Office Use Only
Payment Method

❑ Payment in Full ❑ Monthly Installments

Enter amounts for applicable items and enclose a payment.
The registration and Insurance fee is required with application.

Non-Refundable Registration fee _____ Required($50)
Tuition Amount
Total Enclosed _____

❑ Cash/Check ❑ Credit Card