

2017-2018 Registration Form
School of Goldsboro Ballet
Established 1980
Peggy R. Wingate, M. Ed. Founding Director
Mary W. Franklin, M. S., Co-Director

Dancer's Name _____ Birthday _____ Age _____

Years danced _____

Have you danced with School of Goldsboro Ballet? Yes No (circle one)

Have you danced with Goldsboro Civic Ballet dba Goldsboro Ballet? Yes No (circle one)

Parent/Guardian Name _____

Address _____

City _____ Zip Code _____

Home Phone _____

Cell phone _____

Email _____ *(all updates will be via this email)*

Best Phone for Calling Post (check one)

School attending 2017-18 year _____ Grade _____

I would prefer payments:

_____ annually

_____ semester

_____ monthly automatic debit 1st of the month

_____ monthly payment by the 15th of the month

Dancer interested in taking:

_____ Ballet _____ Pre-Pointe or _____ Pointe (upon approval) _____ Adult Ballet

_____ Tap (ages 4 and up)

_____ Jazz (2nd grader and up)

_____ Tumbling for dancers (ages 3 and up)

_____ Irish

Does your dancer have any medical conditions we should be aware of for his/her safety?

Please explain

\$20.00/student or family.

All registration and annual/semester/monthly fees are non refundable.

*Make all checks to Goldsboro School of Ballet.

Pre-Registration Paid with check # _____ cash _____ cc _____ /cc# _____ Amount Paid _____

** We encourage participation in Summer Dance Camps for all to continue training throughout the summer. Goldsboro Ballet Dancers auditioning want to come to a minimum of one if not two programs or more.

***I have read and agreed to abide by all the SGB Rules and Tuition Fees.

_____ (Parent/Guardian Signature) _____ (Date)