

**SOUTHLAND BALLET ACADEMY
2012 CHILDREN'S STORY BALLET CAMPS APPLICATION**

Student's Name _____

Date of Birth _____ Email _____

Phone _____ Cell _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip Code _____

Gender _____ Grade in School _____

Current Ballet School _____

Current Ballet Instructors _____

Number of hours per week _____

Summer Program (Please check)

- Story Book Camp: Session I: July 16-20 - Fountain Valley
 Session II: August 6-10 - Irvine

DISCLAIMER – PLEASE READ & SIGN

SOUTHLAND BALLET ACADEMY (SBA) employs the most thoroughly trained instructors for each class and audition. Utmost care will be given to all students. However, SBA will not be responsible for injury to any student while auditioning for or enrolling in the program. I have read, understand, and agree to the above statement.

Parent/Guardian _____ Date _____

FOR OFFICE USE ONLY:

Deposit Paid _____ Balance Paid _____