



AMERICAN REPERTORY BALLET
PRINCETON BALLET SCHOOL

SUMMER INTENSIVE 2019
JUNIORS/INTERMEDIATES

REGISTRATION FORM • PLEASE PRINT

Julie Diana Hench | Executive Director

Aydmara Cabrera | School Director

Douglas Martin | Artistic Director

Audrée Estey | Founder

Return this form with payment to:

Princeton Ballet School, 301 North Harrison Street, Princeton, NJ 08540

Fax: 609.921.3249 email: princetonballetschool@arballet.org

Registering for: ☐ Junior level ☐ Intermediate level

(Please Print)

If a current Princeton Ballet School student, what level will you have completed by this summer? _____

If not a Princeton Ballet School student, how many ballet technique classes do you take weekly? _____

Student's Name: (First) _____ (Last) _____

Grade (year 2018-19) _____ Academic School _____

Student's Cell Phone _____ Student's Email: _____

Current Dance School _____ How many years on Pointe _____

Birthdate _____ / _____ / _____ ☐ Male ☐ Female Height (in inches) _____
MONTH DAY YEAR

Permanent Address _____

City _____ State _____ Zip _____

Home Telephone _____ Family email address _____

Emergency Contact Name _____ Emergency Phone (_____) _____

Person to be billed _____

Street Address (if different from above) _____

City _____ State _____ Zip _____

Parent #1 or Guardian Name: _____ Relationship: _____

Parent #1 or Guardian Telephone: Home _____ Cell: _____ Work: _____

Parent #2 or Guardian Name: _____ Relationship: _____

Parent #2 or Guardian Telephone: Home _____ Cell: _____ Work: _____

Does the student have any medical needs, physical or emotional characteristics that the teachers need to know about in order to make this a positive learning experience?

Are you new to us this year? ☐ Yes ☐ No

Please complete both sides of this form.

For Office Use Only

CB _____ Computer _____ NB _____ Reg _____ RB _____ Conf _____

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All payments are non-refundable.

How did you hear about our Summer Intensive?