



MAGICAL MANNERS 2017 Registration Form

Student's Name (Last, First)

Date of Birth

Age

Parent's Name (Last, First)

Email

Main Phone

Alternate Phone

Street Address

City

State

Zip

Wednesdays in July!

July 5, 12, 19, 26

10:00-10:45am

How did you hear about us? _____

Parent Consent:

Storybook Ballet is not responsible for any injury occurring to students while on the premises. Please inform us of all medical conditions at the time of registration.

Select Payment:

___ \$60.00 payment enclosed
*Please make checks payable to
Storybook Ballet*

Parent or Guardian Signature

Date

Please submit registration form and payment to:

**Storybook Ballet
726 N. Midvale Boulevard, Suite B20
Madison, WI 53705**