



MAGICAL MANNERS 2019 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
10:00-10:45am**

July 3, 10, 17, 31

How did you hear about us? _____

Please list any food allergies: _____

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**