



## Summer Virtual Series 2020

---

**Student's Name (Last, First)**

---

**Date of Birth**

**Age**

---

**Parent's Name (Last, First)**

---

**Email**

---

**Main Phone**

**Alternate Phone**

---

**Street Address**

---

**City**

**State**

**Zip**

*How did you hear about us?* \_\_\_\_\_

**Please check one:**

☐ Current Student

☐ Previous Student

☐ New Student

\_\_\_\_\_ \$90.00 Payment enclosed  
(payable to Storybook Ballet)

*Please submit registration form and payment to:*  
**Storybook Ballet**  
**726 N. Midvale Boulevard, Suite B20**  
**Madison, WI 53705**