



**FALL 2009 – SPRING 2010
REGISTRATION FORM**
REGISTRATION DEADLINE IS JULY 31, 2009

For Office Use Only

___Reg. Book ___QB ___SF

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STUDENT INFORMATION

Student Name _____ Phone (____) _____

Home Address _____
Street Address City State Zip Code

Parent's E-mail _____
(Please list the best e-mail address for information regarding school events, performances and volunteer needs)

Female Male Date of Birth _____ Age _____ Academic School _____ Grade _____

I am new to Marin Ballet

Marin Ballet funding sources require information regarding racial/ethnic origin. Responses will be held as confidential.

Asian-American/Pacific Islander African-American Hispanic/Latino White Other _____

PARENT INFORMATION

Mother's/Guardian's Name _____ Phone (H) _____ (Cell) _____

E-mail Address _____

Employer _____
Position Work Phone

Father's/Guardian's Name _____ Phone (H) _____ (Cell) _____

E-mail Address _____

Employer _____
Position Work Phone

Parent/Guardian Address, if different from Student Information: _____

Billing Name and Address if different from Parent Information: _____

GRANDPARENT INFORMATION

Marin Ballet is interested in sharing information about performances and school events with the grandparents of our students. Please provide information below so that your child's grandparents can receive selected school mailings. Marin Ballet does not share personal information with other organizations.

Grandparents' Names _____ e-mail _____

Mailing Address _____
Street Address City State Zip Code

Grandparents' Names _____ e-mail _____

Mailing Address _____
Street Address City State Zip Code

