

STUDENT ENROLLING:

1. First Name _____ Last Name _____ D.O.B. ____/____/____ Age: ____ Sex: _____

Ballet School _____ Level: Advanced ____ Pre-Advanced ____ Intermediate ____

PARENT/GUARDIAN INFORMATION: (PLEASE PRINT NEATLY)

(Last) _____ (First) _____

Home Address: _____ City _____ State _____ Zip _____

Phone: (Cell) (____) _____ (2nd#) (____) _____ (3rd#) (____) _____

(E-mail #1) _____ (E-mail #2) _____

**Any Medical Condition: _____

**Emergency Contact: _____ (phone) _____

Intermediate Level - Pre-Advanced: Ages 10-12, / Advanced Level: Ages 13-19 (Pointe)

Daily Schedule

9:50 ~ Drop Off

10:00-11:00 Stretch with Ms Genevieve

11:00-1:00 PM Ballet Technique

1:00-1:30 Men's Technique / Lunch for Girls

1:30-2:30 Pointe for Girls / Lunch for Boys

2:30-3:30 Variations Rehearsals

Week 1: December 26, 27 & 28, 2024 (3 Days)

\$375.00 for Classes. Students will be done at 2:30. Competition Team at 3:30
\$390.00 for **NON FLYB** Students (will be done at 2:30 PM)

Week 2: January 2, 3 & 4, 2025 (3 Days)

\$375.00 for Classes. Students will be done at 2:30. Competition Team at 3:30
\$390.00 for **NON FLYB** Students (will be done at 2:30 PM)

Competition Showcase, Wednesday, January 8, 2025 at 6:00-9:00 PM

Paid by Zelle to FLYB Zelle Account # (754) 303-9412 / Total amount Zelle \$ _____

AMEX/Visa/Master Card # _____ EXP. _____ Digit Sec Code _____

Billing Name, Address & Zip Code: _____

Set up Automatic Monthly Credit Card Charge: Yes ____ No ____ Signature _____