

2018-2019 Registration Form
School of Goldsboro Ballet
Established 1980
Peggy R. Wingate, M. Ed. Founding Director
Mary W. Franklin, M. S., Co-Director

Dancer's Name _____ Birthday _____ Age _____
Years danced _____
Have you danced with School of Goldsboro Ballet? Yes No (circle one)
Have you danced with Goldsboro Civic Ballet dba Goldsboro Ballet? Yes No (circle one)
Parent/Guardian Name _____
Address _____
City _____ Zip Code _____
Home Phone _____
Cell phone _____

Email

(all updates will be via this email)

School attending 2018-19 year _____ Grade _____

I would prefer payments:

- _____ annually
_____ semester
_____ monthly automatic debit 1st of the month
_____ monthly payment by the 15th of the month

Dancer interested in taking:

- _____ Ballet _____ Pre-Pointe or _____ Pointe (upon approval) _____ Adult Ballet
_____ Tap (ages 4 and up)
_____ Jazz (2nd grader and up)
_____ Tumbling for dancers (ages 3 and up)
_____ Irish

Does your dancer have any medical conditions we should be aware of for his/her safety?
Please explain

_____ \$30.00/student or family. (\$15 if you pre-register by May 17th)

All registration and annual/semester/monthly fees are non refundable.

*Make all checks to Goldsboro School of Ballet.

Pre-Registration Paid with check # _____ cash _____ cc# _____ Amount Paid _____

** We encourage participation in Summer Dance Camps for all to continue training throughout the summer. Goldsboro Ballet Dancers auditioning want to come to a minimum of one if not two programs or more.

***I have read and agreed to abide by all the SGB Rules and Tuition Fees.

_____ (Parent/Guardian Signature) _____ (Date)