CLASS REGISTRATION FORM

Please fill out the form and mail to:
Midland Festival Ballet,
P.O. Box 52034, Midland, Texas 79710
MFB OFFICE 432-686-0071
For full-time students, please include the $30 registration fee.
CLASSES begin Monday, **August 24, 2009** and Monday, **January 11, 2010.**
LITTLE BALLET begins Wednesday, **August 31 and February 1, 2010**

Student _____

Birth date_____/_____/_____Age _____

Parent's Name (father) _____ (mother) _____

Mailing Address _____

City/State_____/_____Zip_____

Home Phone _____

Cell (mother) _____ (father) _____

E-mail Address _____

Indicate your class selection below:

□ **Little Ballet** (Pick one) □ Monday □ Wed at 9:30 □ Wed at 2:00 □ Thurs □ Saturday

□ **Pre Ballet** (Pick one) □ Tuesday □ Wed □ Saturday

□ **Ballet I** (Pick one) □ Tuesday □ Wed □ Thursday □ Saturday

□ **Ballet IA** □ **Ballet II** □ **Ballet III** □ **Ballet IV** □ **Open**

Payment Method (select one): □ Monthly Installments □ Semester □Yearly
Amount of payment plan $_____
For full-time students, please include the $30 registration fee. (Class fees are not tax deductible)

Please note any health problems:
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