



Springfield Little Theatre



Attention, SLT Performers!

Several of you have expressed an interest in pursuing some further dance training to enhance your work here at SLT!

Springfield Ballet has offered to hold a session of Ballet just for you musical theatre performers (teens and adults)!

The session will be held June 9-July 14 on Wednesdays from 4:00-5:30 p.m. and will cost \$90. The class will be held at the Springfield Ballet studios located in The Creamery Arts Center, 411 N. Sherman Parkway.

To register, please fill out the registration form, please print clearly, and return to SPRINGFIELD BALLET, 411 N. Sherman Parkway, Springfield, MO 65802, Attn. Ashley Paige Williams.

For further information or to sign up over the phone, contact Ashley Paige Williams at Springfield Ballet: (417) 862-1343, apwilliams@springfieldballet.org
Or stop by the Springfield Ballet business office at The Creamery Arts Center



Summer 2010 Registration

Student Information

(Please Print Clearly)

Student's Name _____ Age _____ Birth date _____
 Address _____ City _____ Zip _____
 Home Phone _____ Cell _____ E-Mail* _____
 Female Male Academic School _____ Grade _____
(Used for car pool information, if needed)

Parent #1 Name _____ Home Phone _____
 Work Phone _____ Cell _____ E-Mail* _____
 Address *(If Different From Above)* _____ City _____ Zip _____

Parent #2 Name _____ Home Phone _____
 Work Phone _____ Cell _____ E-Mail* _____
 Address *(If Different From Above)* _____ City _____ Zip _____

How do you prefer to receive correspondence? Mail E-mail Phone

*Email will be used to provide Springfield Ballet updates. We will NOT give or sell email addresses to outside organizations.

Person Responsible for Tuition _____ Phone _____
 Address _____ City _____ Zip _____
(If Different From Above)

Emergency Contact Information—please list an individual who is not one of the parents listed above
 Name _____ Relationship to student _____
 Home Phone _____ Work Phone _____ Cell _____
 Please list any allergies, medications, and/or physical or medical conditions which may affect study _____

Is the student:

New Student Returning Student Returning Student with change of address

If new student, how did you hear about Springfield Ballet? _____

For all **new students**, please list any and all previous and concurrent dance training (attach sheet if necessary).

Dates	School Name	Type of Dance and Level	Hours per week

Volunteering

Like any not-for-profit organization, Springfield Ballet depends on volunteers for support to keep our tuition costs low throughout the year. Please indicate the areas where you would like to help or would like more information:

- Springfield Ballet Guild Backstage/Productions Costuming Office/Admin Support
 Fundraising Other _____ Not interested at this time

For office use only
 Total Classes/Week _____ Tuition for 6-week _____ Tuition for Camps _____ Tuition for Stay in Shape _____ Registration Fee _____
 Early Reg Discount _____ Sibling Discount _____ Payment Plan Fee _____ CC Fee _____ Total Amount Due _____
 Payment Method Cash Check # _____ Credit Card _____ Paid in Full _____ Payment Plan (2 payments of \$ _____)



Class Registration

Date Received: _____

Last Name, First Name

Please check the programs for which you are enrolling (Schedules Subject to Change, dependent on enrollment and instructor availability):

Missouri Contemporary Ballet Stay in Shape Intensive

Upper Level (ages 12+), June 4 4:30 pm-8:30 pm, June 5 10:00 am-5:00 pm, June 6 12:00 pm-5:00 pm, \$100

Lower Level (ages 9-12), June 5 10:00 am-1:00 pm, June 6 12:00 pm-3:00 pm, \$50

Registration and Payment Deadline: May 28, 2010

Springfield Little Theatre Summer Six-Week Session for Teens and Adults

Wednesdays, June 9-July 14, 4:00-5:30 pm (ages 12+), \$90

To register, please stop by the Springfield Ballet business office, call 862-1343, or mail the completed registration form to Springfield Ballet, The Creamery Arts Center, 411 N. Sherman Pkwy., Springfield, MO 65802.

If you are enrolling for the SLT Six-Week Session and know that you will be on vacation during the six-week semester, please let us know prior to June 7, 2010, which classes you will be missing, and we will be happy to prorate tuition for you.

Registration fees will be waived for the SLT class for the summer.

Tuition for Six-week Summer Classes is due by the first week of class and is non-refundable.

Tuition may be paid in full or in two installments.

Please call 862-1343 to set up a payment plan. (Includes a \$10.00 set-up fee)

Payment Plan for Six-Week Summer Classes: 1st payment due the first week of classes, Remainder due July 1st.

Families with two or more students enrolled receive a 20% discount off the second (and all subsequent) student's tuition.

Please attach check payable to Springfield Ballet to registration form.

To pay by VISA or MasterCard, please contact the office.

(\$2.00 processing fee applies to all credit/debit card transactions)

I have read, understand and agree to the policies of Springfield Ballet, Inc (SBI). I hereby enroll my child/myself for the entire term and agree to follow all payment policies. I understand that I owe for the entire semester and all tuition payments are non-refundable. I agree to pay the late fees for late tuition payments and the service charge for bad checks. I give permission for SBI to take and publish photos and/or videos of my child/myself and to use such photos/videos with no fee to my child or me. I understand and agree that there is a possibility of injury in participating in dance classes, rehearsals, performances or related activities, and that I will not hold SBI, or any SBI faculty member, employee, board member or guest artist liable for any injury sustained or illness contracted while I/my child am/is a student of SBI. I exempt, release and indemnify SBI and its agents from any and all liability claims, demands, or causes of action whatsoever from any damage, loss or injury to the student, parent/ guardian, family member, or personal property which may arise out of or in connection with participation in any SBI activity.

Signature of Parent/Guardian

Date

Signature of Student

Date