

REGISTRATION FORM

Bournonville Workshop with the Masters

in cooperation with

Imagine Ballet Theatre

Institute for Dance Education Arts, Inc.

and

American Ballet Competition

Personal Information:

Full Name of Attendee: _____ Date of Birth: _____

Age at time of workshop: _____ Gender: _____ E-mail Address: _____

Home Address: _____ City: _____

State/Province/Region: _____ Postal/Zip Code: _____ Country: _____

Phone Number: _____

Parent/Guardian Information (if applicant is a minor):

Full name: _____ E-mail Address: _____

Home Address (if different from above): _____

Phone Number: _____

Training Information:

Years of Ballet Training: _____ Years of Pointe Training: _____

Number of Ballet Classes per Week: _____ Number of Other Dance Classes Per Week: _____

Types of Dance Studied and Number of Years: _____

Current School/Studio Name: _____ Number of Years: _____

Previous School/Studio Names and Number of Years Attended:

How did you learn about ***Bournonville Workshop with the Masters?***

Credit Card Number for \$100 deposit: _____ exp _____ CVV _____
(or may call 801-393-5000 to pay by phone) Name on Card _____