

## **SUMMER INTENSIVE 2019**

The Official Schools of Lone Star Ballet

2019 Registration Form • One	Per Student Gende	er: M 🗆 F 🗆	
Student Name	Age:	DOB:	
Parent's Name:			
Address			
		Zip:	
Phone: Work	Home	Cell	
Email: (Important)			
Emergency Contact			
Name	Relationship	Phone	
Medical Conditions/Current or F	Past Injuries		
Experience Name of Previous Academy:	Yea	rs of Total Dance Training:	
Intermediate Advance	ced SUMMER	SUMMER INTENSIVE	
	July 22 - 2	26 – Earle Smith	
	July 22 – 2	26 – Brandon J	
	August 19 – 23 – Jennifer		
		Kronenberg Guerra	
RELEASE FORM (or	n back) MUST BE SIGNED	PRIOR TO FIRST CLASS DAY	
Student Signature (Parent if un	nder 18) Date	of Registration	

Classes Enrolled/For Office Use Only