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Registration Form

Student Name: _____

Age: _____ Date of Birth: _____ Email: _____

Special Needs/Allergies: _____

Parents/Guardians Name (if student is under 18):

Address: _____ City: _____ Zip: _____

Cell Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

Previous Dance Experience:

Ballet: ____yrs Pointe: ____yrs Jazz: ____yrs Contemporary: ____yrs

Previous Dance Schools: _____

Are you interested in Company Team: Yes No

Classes Interested in: _____
