

Date of Registration \_\_\_\_\_

# ORLANDO BALLET SCHOOL

## OBS/KBC Ballet Program

1. Student Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 female       male      Birth date: \_\_\_\_\_  
T-shirt size: CS CM CL AS AM AL AXL  
Shoe size: \_\_\_\_\_ Leotard size: \_\_\_\_\_

List additional students in same family (a separate packet must be completed for each child):

2. Student Name: \_\_\_\_\_  
 female    male      Age: \_\_\_\_\_      Birth date: \_\_\_\_\_

3. Student Name: \_\_\_\_\_  
 female    male      Age: \_\_\_\_\_      Birth date: \_\_\_\_\_

### **Contact information** (please note that email is our primary method of communication)

Parents/Guardian Names: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Phone \_\_\_\_\_

Relationship: \_\_\_\_\_

Would you consider volunteering your time if needed?  YES  NO

Are you presently a Season Ticket Holder for the Orlando Ballet Professional Company?  YES  NO