

ENROLLMENT FORM

GALMONT BALLET SUMMER WORKSHOPS JUNE 3-28, 2024



PERSONAL INFORMATION

Student Full Name

Date of Birth Age by 06/01/2024

Parent/Guardian

Full Address

City/State/Zip code

Email

Phone Number

Emergency Contact Info:

Full Name

Phone Number

SELECT SUMMER WORKSHOP

Dance Me a Story Explore the World of Summer Burn-Out

Terms & Conditions

- ALL FEES DUE UPON SUBMISSION

I understand that upon submission of this form, Galmont Ballet will charge all tuition and fees for the program(s) selected. Summer Workshops fees are outlined on our website.

- PAYMENT AND REFUND POLICY

I understand there are no exceptions, and that all fees paid through submission of this form are non-refundable and non-transferable to any student or other Galmont Ballet program.

Your signature

Date