For FWB staff only:	P & / orT + Assigned Level	
	ASSIGNED NUMBER	

FLORIDA WEST BALLET REGISTRATION & RELEASE FORM

Check $$ off For Consideration		rican i	
Perfo	rmance Company Member only (MU Performance Company Member		
Performance Company Member AND Technique Training Date: Technique Training Only			aining Only
Please Print:		-	•
Dancers Name:			Age:
Nickname:	Birthday (important-please pro	ovide at least month an	nd year)
City	State	Zip_	
Dancer's Email:			
Dancer's Cell Phone:			
Dancer's T-Shirt Size, Cir	cle One: Youth S M L XL	Adult S N	
Dancer's Leotard Size, Cir	rcle One: Youth S M L XL	Adult S N	M L XL
Parent/Guardian Inform	nation (please print clearly):		
	Mother's Cell Pl	 hone:	-
Parent's Email for weekly	communication:		
Dancer Background:			
	ntly training:		
Days/Times you Tra	ain:		
Months/Years on Po	• ,		
	ership in Florida West Ballet? _		
viny do you desire memor			
Havy lang hava yay atudia	d ballat?		
How long have you studie			_
How did you learn of the a	audition?		
The series of an executive series		1-14- F144-	W D-11-4 1 I42-
	ent/guardian if under 18, hereby		
	f, the City of St. Petersburg, FL		
	B harmless from any bodily inju		-
	idio being occupied by Florida		
-	od that the above named instituti		
-	loss of any personal articles dur	ring the particip	pation in this special
event/audition/master clas	s/training/level placement.		
C'			
Signature of Participant			Date
Signature of Parent or Gua	ardian <i>(if Minor Child</i>)		Date
_	the amount of \$35 is hereby acknowled	lged.	Dutt
EWR Representative:	. = = = = = j ====== i i = = = = = = = = = = = = = = = = = =	CVSH	Chack #