

## Emerald Ballet Theatre Summer Program Registration Form

Name \_\_\_\_\_ Female  Male

Age \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_ Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

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

How did you hear about EBT? \_\_\_\_\_

**Roots and Wings Spanish Camp**  
July 19th-23rd 9:00am-12:00pm  
Cost: \$175.00

**Flower Fairy Camp**  
Cost: \$96  
 July 12th-15th (10am-12pm)  
 July 19th-22nd (1pm-3pm)

**Beginning Ballet Classes (ages 5-7)**  
Classes daily M-F 3-4pm July 19th-23th.

Cost: \$18 per class or \$15 per class when you register for 4 or more.

7/19  7/20  7/21  7/22  7/23

Number of Classes \_\_\_\_ x \$ \_\_\_\_ per class = \$ \_\_\_\_

**Intermediate Ballet Classes (age 8-10)**  
Classes daily M-F 3:00-4:30 July 5th-16th

Cost: \$18 per class or \$15 per class when you register for 4 or more

7/5  7/6  7/7  7/8  7/9

7/12  7/13  7/14  7/15  7/16

Number of Classes \_\_\_\_ x \$ \_\_\_\_ per class = \$ \_\_\_\_

### **Pre-Ballet Saturdays (age 3-5)**

Weekly classes on Saturdays from 10-11am beginning July 10th- August 28th.

Cost: \$18 per class or \$15 per class when you register for 4 or more.

7/10  7/17  7/24  7/31  8/7  8/14  8/21  8/28

Number of Classes \_\_\_\_ x \$ \_\_\_\_ per class = \$ \_\_\_\_

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### Summer Dance Intensive

Program (age 10-18)

Classes Daily July 5th-23rd from 10:00am-2:00pm

Cost: \$200 per week

Week 1  
(July 5-9)

Week 2  
(July 12-16)

Week 3  
(July 19-23)

Number of Weeks \_\_\_\_ x \$200 per week = \$\_\_\_\_

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### Full Day Specials

July 19th-23rd

Option 1: 9am-3pm

Includes Spanish & Flower Fairy  
Camp plus a Capoeira

Cost: \$300

Option 2: 9am-4pm

Includes Spanish & Flower Fairy  
Camp, Capoeira Workshop and a  
daily ballet class

Cost: \$350

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Total Cost for Camps \$\_\_\_\_

\$25.00 Registration Fee (new students only) \$\_\_\_\_

Total \$\_\_\_\_

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I freely and knowingly assume all risks incidental to participating in any Emerald Ballet Theatre (EBT) summer programs. I hereby waive any right, claim or course of action against EBT, its officers, directors, employees or agents, releasing them from any liability arising out of an injury, direct or indirect. I also give permission for my child to be photographed or videotaped and allow EBT to release said photos or videos for publicity and fundraising purposes.

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Credit Card # (Master Card or Visa Only)

Exp Date (mm/yy)

Check #

Cash

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Signature of Parent/Guardian

Date

Emerald Ballet Theatre  
12368 Northup Way  
Bellevue, WA 98005  
425-883-3405  
[info@emeraldballet.org](mailto:info@emeraldballet.org)

