

MASTER CLASS REGISTRATION FORM

Amy Brandt
Sunday, January 31st

Name	Parents	
Address		
City	State	Zip
Daytime Phone	Age	
Email		
How did you hear about this class?		

- | | Student/Observer |
|--|-------------------------|
| <input type="checkbox"/> Beginning/Intermediate Ballet
2:00–3:30 pm | \$40 / \$15 |
| <input type="checkbox"/> Intermediate/Advanced Ballet
4:00–5:30 pm | \$40 / \$15 |
| <input type="checkbox"/> Both classes | \$75 / \$25 |

TOTAL _____

Make checks payable to **PA Academy of the Arts**. Mail or drop off at 200 Old Fort Road, Spring Mills, PA 16875.

Office Use Only

Check # _____ Date _____ EX QB OUT CC

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