

Geiger Classic Ballet Academy
Director: Mary C. Geiger

Adult Enrollment Form
2011-2012

Name _____ Age _____ Birth Date _____

Address _____ City _____ Zip _____

Home Telephone# _____ Cell# _____ Work# _____

Email _____

Last Ballet School _____ How long? _____

How many years of previous ballet training? _____ Pointe? _____

Physical handicaps we need be aware of? Yes _____ No _____ If yes, please explain:

If yes, have you been cleared from your doctor for this activity? Yes _____ No _____

New Student: Yes _____ No _____ Returning Student: Yes _____ No _____ If yes, when? _____

How did you hear about Geiger Ballet? Referral _____ Postcard _____ Print Ad _____ Website _____
Google _____ Yelp.com _____ Local.com _____ AngiesList.com _____ Yahoo.com _____ Bing.com _____ Facebook.com _____
Other Website _____ Other _____ Please specify _____

In case of emergency, please list a contact person:

Name & Relationship _____ Telephone# _____

Office Use

Class Level _____

Start Date _____