



**Master Class with Evgeni Dokoukine
Registration Form**

(A) General Information (Please Print)

First Name: _____ Last Name: _____

Address: _____

City: _____

Postal Code: _____

Date of Birth (dd/mm/yy) _____ Age: _____

(B) Parent/Guardian's Name (Please Print)

First Name: _____ Last Name: _____

Phone Number #1: _____ Phone Number #2: _____

E-mail: _____

Tuition

(Tuition + HST) **Date:** _____

Amount: \$95.00

(C) CREDIT CARD M/C ____/____/____/____ **EXP** __/__

Signature: _____

(D) CREDIT CARD VISA ____/____/____/____ **EXP** __/__

Signature: _____



Schedule

Friday, November 4th	Friday, November 11th
AGE 12 & UP CLASS 8:30PM-9:30PM	AGE 12 & UP CLASS 8:30PM-9:30PM
Friday, November 18th	Friday, November 25th
AGE 12 & UP CLASS 8:30PM-9:30PM	AGE 12 & UP CLASS 8:30PM-9:30PM

(E) What to wear/bring

- Fitted dance clothing
- Hair pulled back securely out of face
- Ballet soft shoes
- Pointe shoes
- Water
- Completed/signed form

(F) Agreement

I, the undersigned, understand that Bayview School of Ballet Inc. does not assume or accept liability for expenses resulting from injuries sustained in any school activity whatsoever, whether on or off school premises.

Date: _____

Student's First Name: _____ Student's Last Name: _____
(Please Print)

Applicant's Signature: _____

Print Name Clearly: _____