

Workshop Participation Form 2018/19



Participant's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(as you wish it to appear in the program) mm/dd/yr

Parent/Guardian(s) Name: \_\_\_\_\_

Address Apt & Street: \_\_\_\_\_

City & Province: \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Participant Email \_\_\_\_\_

Guardian Email \_\_\_\_\_

Dance Studio: \_\_\_\_\_ Studio Location: \_\_\_\_\_

Allergies: \_\_\_\_\_  
or other health concerns

Emergency Contact Information

Contact Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone # (s) \_\_\_\_\_

I agree/grant permission for \_\_\_\_\_  
(participant's name)

to participate in workshops (master classes & pointe shoe clinics)

Signature \_\_\_\_\_

Parent/Guardian or Participant if 18 years or older

From time to time, we offer special promotions and free events in your community. If you're interested in more information, please circle YES in this section. Please note that we do not trade or sell your contact details to other organizations

Would you allow us to use your child's photo or video recorded image in promotional materials (i.e. web site, brochures, posters?)

**Please bring the completed original on the day of the program, and mail a copy along with your cheque payable to Brandon School of Dance, 126 - 10th St, Brandon, MB R7A 4E6**  
**Registration for each class is limited on a first come basis.**

For any questions - contact Education Coordinator at (416)415-5000 x 4928 or cbjeducation@balletjorgen.ca.

Registration - select your classes - All clases take place on Wednesday, March 20

- \_\_\_\_\_ \$15 Ballet Masterclass for 8 - 10 year olds 4:00 - 5:00pm
- \_\_\_\_\_ \$30 Ballet Masterclass 5:00 - 6:30 and Repertoire 6:30 - 7:00pm for 11 - 13 year olds
- \_\_\_\_\_ \$10 Pointe Shoe Clinic ages 12 & up 4:15 - 5:00pm (Deduct \$5 if taking a masterclass)
- \_\_\_\_\_ \$30 Ballet Masterclass 7:00 - 8:15 and Repertoire 8:15 - 9:00pm for ages 14+

\_\_\_\_\_ TOTAL OWING

Role: \_\_\_\_\_