



The Academy of Ballet Fantastique
www.balletfantastique.org
 60 E. 10th Ave. & 960 Oak St., Eugene, OR 97401
 (541) 342 - 4611

Artistic Director Donna Marisa Bontrager, Expert master teacher, Vaganova Method

Adult Program Registration Form

DANCER NAME	DOB	AGE
PRIMARY STREET ADDRESS		CITY, STATE, ZIP
EMAIL ADDRESS, ***IF EMAIL IS A GOOD WAY TO REACH YOU		TELEPHONE NUMBER(S)
EMERGENCY CONTACT NAME, RELATIONSHIP, PHONE		

*Please indicate ethnicity:

ALASKA NATIVE/AMERICAN INDIAN
 BLACK/AFRICAN AMERICAN
 HISPANIC
 OTHER (INDICATE BELOW)
 NATIVE HAWAIIAN/PACIFIC ISLANDER
 WHITE/CAUCASIAN
 ASIAN

* Ballet Fantastique is an equal opportunity institution committed to cultural diversity. We do not discriminate on the basis of race, color, or national/ethnic origin. Though not required, your answer helps us in our non-profit record keeping.

Medical Conditions/History

Please indicate any medical conditions, known allergies, or previous injuries which are relevant or might affect your participation in Ballet Fantastique programs. IF THERE ARE NO CONDITIONS, PLEASE INITIAL HERE: _____

How did you **first** find out about us? (please check one)

FROM A FAMILY MEMBER OR FRIEND
 PHONE BOOK
 SAW A PERFORMANCE
 ONLINE SEARCH ENGINE (GOOGLE, ETC.)
 BALLET FANTASTIQUE WEBSITE
 OTHER: _____

Why did you **first** choose us or decide to come in for an audition class? (please check all that apply)

SMALL CLASS SIZES
 PERFORMING OPPORTUNITIES
 INSTRUCTORS
 CALIBER OF INSTRUCTION
 LOCATION
 OTHER: _____
 PRICE
 REPUTATION

Class Titles of Interest (please check all that apply)

Adult Drop-In Classes
 Stretch/ Abs/Conditioning
 Drop In Class **ONLY** (\$20)

Escrip/Albertson's Community Partners

We ask all Ballet Fantastique families to join our other families, interns, and board members in enrolling in Escrip and/or Albertson's Community Partners. These programs are completely **free** and it takes only moments to enroll—but every time you shop at participating businesses like Eddie Bauer and Market of Choice, they make a donation to BFan for scholarships and performances! Both programs are completely secure and you may un-enroll at any time. Together, we sponsor one scholarship every month!

ALREADY ENROLLED! SURE! CONTACT ME ABOUT SIGNING UP NO THANKS, NOT RIGHT NOW

Photo/Video Release

We occasionally use photos in brochures, press releases, and on our website, or performance videos in promotional presentations. DO WE HAVE YOUR PERMISSION TO USE YOUR PHOTO/LIKENESS? YES NO

Info by Email

In an effort to reduce our environmental impact, Ballet Fantastique distributes important information, notes and reminders by email.

EMAIL IS GREAT (PLEASE DOUBLE-CHECK YOUR EMAIL ADDRESS ABOVE)!

SORRY, WE PREFER TO RECEIVE INFO ANOTHER WAY: _____

Liability Release

The undersigned releases Ballet Fantastique from any and all liability that may arise from participation of undersigned in said program. The undersigned hereby requests and permits any hospital emergency department physician, any other physician s/he may designate, and any hospital personnel to render to the participant any medical and/or surgical treatment s/he may require.

SIGNATURE

DATE

Fee Information

Please check all that apply:

20 CLASS BALLET CARD (BEST VALUE! \$240)

10 CLASS BALLET CARD (\$150)

DROP-IN BALLET CLASS (\$20)

10 CLASS YOGA CARD (\$80)

DROP-IN YOGA CLASS (\$10)

DROP-IN CONDITIONING/STRETCH/ABS (\$10)—OR USE YOUR BALLET CARD

I'D ALSO LIKE A BALLET FANTASTIQUE JACKET (\$35) SIZE: _____ (If you pay for it now, please indicate so on the memo line of your check. Otherwise, we will add this amount to your balance.)

I'D ALSO LIKE A BALLET FANTASTIQUE BRACELET (\$12) (If you pay for it now, please indicate so on the memo line of your check. Otherwise, we will add this amount to your balance.)

I'D LIKE TO SPONSOR A MONTHLY SCHOLARSHIP FOR A STUDENT IN NEED! (FULLY TAX-DEDUCTIBLE!). PLEASE ADD \$5 \$10 \$25 OTHER (\$____) TO MY MONTHLY BALANCE AND SEND A TAX RECEIPT.

TOTAL ENCLOSED: \$ _____

Office Use Only
