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^c GAGA CLASS- 2017

Registration Form- Please Print

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Class Information

Fee: \$20.00

Date: March 20, 2017

Time: 7.00- 8.00 pm

Location: Annex- 823 Seymour Street

Payment

CASH \$ _____ CHECK \$ _____

CREDIT CARD \$ _____

Card number _____

Name on the card _____ Exp _____

I authorize Ballet BC to charge the above amount to the card indicated on this registration form

Signature _____