Cosmopolitan Ballet Theatre
28 Owen Drive
Amherst, MA 01002

Cosmopolitan Ballet Theatre
Summer Intensive 2025
STUDENT REGISTRATION FORM

I Will Attend:
Session I June 22 – July 4, 2026 ❑
Session 2 July 6 – August 1, 2026 ❑

Please print and return this form along with a non-refundable deposit of $500 to the address above by February 15, 2026

Today's Date:

APPLICANT INFORMATION

Applicant's Last Name:	First:	Middle:	Age at start of workshop:	Sex: ❑M ❑F	Birth Date:
Applicant's Street Address:			Home Phone No.: ( )		Cell Phone No.: ( )
P.O. Box:	City:		State:		ZIP Code:
Parent I/Guardian's Last Name:	First:	Middle:	Home Tel: ( )	Work Tel: ( )	Cell Tel: ( )
Parent II/Guardian's Last Name (if applicable):	First:	Middle:	Home Tel: ( )	Work Tel: ( )	Cell Tel: ( )
Parent I/Guardian's Email Address:	Parent II/Guardian's Email Address:		Person Responsible For Tuition & Fees:		
Please List Ballet Schools Attended:			Please Indicate Years Of Dance Experience:		
Are there any issues or pre-existing conditions that may affect training? ❑ Yes ❑ No	If yes, please describe briefly:				

Please tell us how you heard about our program:

❑Friend ❑Teacher ❑Web Site ❑Facebook ❑Other _____

HEALTH INSURANCE INFORMATION

Is this applicant covered by insurance? ❑ Yes ❑ No

Please indicate primary insurance:	Name of health insurance provider:	
Subscriber's name:	Subscriber's group no.:	Subscriber's policy no.:

Applicant's relationship to subscriber: ❑Self ❑Child ❑Spouse ❑Other

Name of secondary insurance (if applicable):	Subscriber's name:	Group no.:	Policy no.:

Applicant's relationship to subscriber: ❑Self ❑Child ❑Spouse ❑Other

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to applicant:	Home phone no.: ( )	Work phone no.: ( )

The above information is true to the best of my knowledge.

Patient/Guardian signature *Date*