

NEW HAVEN BALLET

Artistic Director Lisa Sanborn

SHARED ABILITY 2018 REGISTRATION FORM

Student Name: _____ Male Female

Age: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Parent Email: _____

Emergency Contact: _____

Pertinent Medical Information: _____

REHEARSAL SCHEDULE

Saturday, February 24

Saturday, March 3, 10, 17

Saturday April 7, 14, 21, 28

Saturday, May 5

PERFORMANCE, SATURDAY, MAY 19, 2018

All rehearsals will take place at 70 Audubon St. New Haven from 4:30-6:00 pm

(please complete the other side of this form)



