



Fine Arts Center Classical Ballet Registration Form

Mail to: PO Box 1498, Camden, SC 29201
803-425-7676

Please print:

Student Name _____

Age _____ Date of Birth _____

Please check one:

Pre-School (Ages 3-5) Primary (Ages 5-7) Level 1 (Ages 7-11) Level 2 (Ages 12-teen)

Parent Name (1) _____ Work Phone _____

Parent Name (2) _____ Work Phone _____

Home Phone: _____ Email _____

Mailing Address _____

Street or PO Box

City/State/Zip

**Registration will not be accepted without signature and payment
(check or credit card by mail or credit card by phone)**

\$ _____ Fees included (fees are \$40 per month, per student) Check Cash
(Pay first month fee by July 1 and receive the month of December FREE!!)

OR Charge to my M/C # _____

Visa # _____

Expiration Date _____ 3 digit code on back of card _____

Signature _____ Date: _____

Fine Arts Center Staff Use

On Hold **A/P Received** **C/C Completed**
Initials _____ Date _____ Initials _____ Date _____ Initials _____ Date _____