



PERFORMING ARTS ACADEMY

2026 - 2027 REGISTRATION FORM

NAME: _____ DATE: _____

DATE OF BIRTH: _____ (CIRCLE) MALE FEMALE AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTRY: _____

PHONE: (HOME): _____ (CELL): _____

EMAIL: _____ PARENT'S NAME: _____

PRE-BALLET ____ BALLET 1 ____ BALLET 2/3 ____ BALLET 4 ____ COMPETITIVE ____ PRIVATE ____ UNLIMITED ____

PAYMENT

REGISTRATION FEE (\$30): _____ PAY IN FULL: _____

PLEASE MARK YOUR PAYMENT: VENMO _____ CASH OR CHECK _____

ATLANTIC CITY BALLET, ATLANTIC CONTEMPORARY BALLET THEATER, PHYLLIS PAPA AND STAFF WILL NOT BE HELD RESPONSIBLE FOR ANY ACCIDENT OR INJURY INCURRED AT AUDITIONS, CLASSES, REHEARSALS, OR PERFORMANCES

SIGNATURE: _____ DATE: _____