

# Roanoke Ballet Theatre

1318 Grandin Rd. SW  
Roanoke, VA 24015

[www.roanokeballet.org](http://www.roanokeballet.org)  
(540)-345-6099

Sandra Meythaler, Executive / Artistic Director

## 2016-2017 Registration Form

### Student Information: Please Print Clearly

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_ Occupation(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

### Class Information

Name of Class	Day & Time	Length of Class	Cost/Class
			\$
			\$
			\$
			\$
			\$
August Tuition			\$
Total Tuition			\$
Registration Fee			\$35.00
<b>TOTAL</b>			\$

Payment Information:  MONTHLY  QUATERLY  YEARLY

Scholarship Applicant:

## PARTICIPANT AGREEMENT FORM

- I have read and understand the contents of the Roanoke Ballet Theatre Student Handbook. I agree to comply to all terms and conditions contained therein.
- I understand Roanoke Ballet Theatre assumes no liability for accidents or injuries sustained during classes, rehearsals, performances, transportation to or from activities or waiting before or after classes.
- I understand that tuition is due by the 5<sup>th</sup> of each month and that a late charge of \$10 will be added to your monthly or quarterly payment of the 6<sup>th</sup> of the month. Credit cards will be charged on the 6<sup>th</sup> of each month to cover non-payment. Non-payment of tuition will result in termination of classes.
- If I wish to terminate classes at Roanoke Ballet Theatre, I must do so in writing via email or letter to the Director. I understand that after a two-week grace period starting on the date of registration, I must pay out the full month of the termination date. Termination dates are based on the receipt of the letter / email.
- I understand that tuition is non-refundable. Missed classes may be made up, but no refunds will be made.
- I understand that Roanoke Ballet Theatre's main mode of communication is through emails and Facebook. I agree that it is my responsibility to read all email communications.
- I  **do**  **do not** give Roanoke Ballet Theatre permission to use photographs, video or artistic renderings of my child for promotional or fundraising use.

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Print Name of Student

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Parent Signature

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Date



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### CREDIT CARD INFORMATION

Name of Student \_\_\_\_\_

Credit Card Type       VISA       MASTERCARD

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

RBT reserves the right to charge this credit card in the event of non-payment. If I have not paid my tuition by the 5<sup>th</sup> of the month, RBT will automatically charge my credit card on the 6<sup>th</sup> of each month with the cost of tuition plus a \$10 late fee.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### AUTO PAY OPTION

If you wish, Roanoke Ballet Theatre can automatically deduct the cost of tuition and other fees from your credit card on monthly or quarterly basis. If you wish to choose this option, sign below. Your signature indicates permission for Roanoke Ballet Theatre to make monthly/quarterly deductions of \$\_\_\_\_\_ from the indicated credit card for payment of tuition and fees on the 5<sup>th</sup> of each month.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_