

SCHOOL OF PORTLAND YOUTH BALLET INC.
Summer Intensive and Youth Gala Performance

School of Portland Youth Ballet Inc.
7901 SW Cirrus Drive Suite 27-H
Beaverton, OR 97008
503-914-8913

Date: _____

Enrolling Student Name _____
Last First Middle Initial

Home Address _____
Street City State Zip

Student's Age _____ Birthdate _____ Sex M _____ F _____
MM/DD/YYYY

Home Phone _____ Cell Phone _____ E-mail Address _____

Primary Adult's Name _____
Last First Middle Initial

Home Address _____
Street City State Zip

Home Phone _____ Cell Phone _____ E-mail Address _____

Additional Adult's Name _____
Last First Middle Initial

Home Address _____
(if different) Street City State Zip

Home Phone _____ Cell Phone _____ E-mail Address _____

Student Dance Training History (please include pointe experience if applicable)

Type of Dance No. years studied School Name

Type of Dance No. years studied School Name

Type of Dance No. years studied School Name

How did you hear about School of PYB? _____

___ I will

___ will not

require housing while I am participating in the intensive/performance

Please download and complete page 2 of the registration form