

REGISTRATION FORM: 1st TERM • 2nd TERM • 3rd TERM • 4th TERM

Deposit or Payment in full required by: SEP. 1 NOV. 1 JAN. 1 APRIL 1 2019-2020
Cash or Check only – Tuition Box Available in Waiting Room

Student's Name	Classes Scheduled
Deposit	Check # _____
Date and Signature	Paid in Full _____ cash _____
Herci Marsden/ Brae Crest School of Ballet 52 Sherman Avenue • P.O. Box 155 • Lincoln, Rhode Island 02865-0155 Ph: 401-334-2560 • Fax 401-334-0412 • www.stateballet.com • info@stateballet.com	

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