



Professional Training Program Application Form

First Name _____ Last Name _____

Email _____

Current Address _____
Street

City State Zip

Address in New York (if established) _____
Street

City State Zip

Cell Phone _____

Male Female

Date of Birth ____/____/____

I am a US Citizen I am a Permanent Resident/Green Card Holder, A #: _____

Emergency contact: Name: _____ Relationship to applicant: _____
Contact number: _____ Email: _____

SELECT YOUR FOCUS:

Ballet Contemporary
 Theater Dance/Jazz Hip Hop Tap

I WOULD LIKE TO BEGIN THE PROFESSIONAL TRAINING PROGRAM:

Spring 2012, (January 30)
 Fall 2012, (September 4)
 Fall 2013, (September 3)

Enclose Application Fee of \$50.00 made payable to: Steps on Broadway

If paying by credit card fill out information: Credit Card: MasterCard _____ Visa _____

Name on Credit Card _____

Credit Card Number _____ Exp Date _____

How did you hear about this program? _____

I hereby represent that I am over eighteen (18) years of age

X

Signature

Print Name

Date

