1030 N Crooks Rd
Suite N
Clawson, MI 48017
248-550-6056
valentinaballet@outlook.com
www.vballetschool.com

Winter Intensive Registration Form

Student Name: _____

Age: _____ Date of Birth: _____ Email: _____

Parents/Guardians Name (if student is under 18):

_____

Address: _____ City: _____ Zip: _____

Cell Phone: _____

Email: _____

- ☐ MONDAY- DECEMBER 29, 2025 4:30 - 7:30PM $50
- ☐ TUESDAY-DECEMBER 30, 2025 4:30 - 7:30PM $50

Payments accepted: Cash, Check & Venmo@Valentina-Barsukova

STAFF ONLY:

- ☐ Paid
- ☐ Check/Cash
- ☐ Venmo