

2011-2012 PALS Membership

Parent Information:

Mother

Name: _____

Address _____

City _____ State _____ Zip _____

Email: _____

Phone #(s): _____

Employer: _____ Position: _____

Father

Name: _____

Address _____

City _____ State _____ Zip _____

Email: _____

Phone #(s): _____

Employer: _____ Position: _____

Student Information:

Name: _____

Age: _____ DOB: _____ Grade: _____

School: _____

LBS Class Level: _____

Please complete and attach \$25 check made payable to PALS
(Parent Association Louisville Ballet School).