



Instituto del

Ballet Folklórico Mexicano de Carlos Moreno

57 MARLOW DR OAKLAND, CA. 94605 (510) 924-7849

APPLICATION FOR ADMISSION

GROUP: _____

TODAY'S DATE: _____

Please Print

NAME: _____
LAST, FIRST, MIDDLE

BIRTHDATE _____

ADDRESS: _____ **CITY** _____ **State** _____ **ZIP** _____

Student TELEPHONE: (CELL) _____ (e-mail) _____

Parent/Legal Guardian (if under 18)

Father Name: _____ **cell:** _____ **email:** _____

Mother Name: _____ **cell:** _____ **email:** _____

DO YOU HAVE DANCE EXPERIENCE? YES ___ NO ___ *(IF YES, LIST BELOW ALL SCHOOLS OF DANCE ATTENDED)*

NAME OF SCHOOL	LOCATION	DATES ATTENDED
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RECOMMENDED BY:

WOULD YOU BE INTERESTED IN BECOMING A MEMBER OF THE PERFORMING COMPANY IN THE FUTURE? YES ___ NO ___

I hereby apply for admission to the Instituto del Ballet Folklórico Mexicano classes.

I understand that I am obligated to follow all the rules and responsibilities of the Instituto.

Student Signature/Parent-Guardian (if under 18)

Date

(SUBMIT THIS APPLICATION & SIGNED COPY OF INSTITUTO RULES ALONG WITH NON REFUNDABLE PROCESSING FEE & FIRST MONTH'S PAYMENT TO ADMINISTRATION) *thank you*

(rev.2021)