

The School of BALLET ARIZONA

Adult Summer Workshop: June 11 - 13, 2018

Name of Student: _____

Gender: M / F

Primary E-mail: _____ Home Phone: _____

Please print clearly. The School uses e-mail as the primary method of communication.

Other Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please submit either in person, by mail (2835 E. Washington St Phoenix, AZ 85034), fax (602.381.0189), or email (school@balletaz.org).

Full Intensive Enrollment:

\$130 [] Beginner Level: 6:30 to 9:00 p.m.

\$130 [] Intermediate/Advanced Level: 6:30 to 9:00 p.m.

Drop-In Date: _____

Drop-In Technique Only Date: _____

\$45 [] Beginner Level: 6:30 to 9:00 p.m.

\$25 [] Beginner Level: 6:30 to 8:00 p.m.

\$45 [] Intermediate/Advanced Level: 6:30 to 9:00 p.m.

\$25 [] Intermediate/Advanced Level: 6:30 to 8:00 p.m.

Payment Options:

[] Check (please submit with this form)

[] Credit Card (please complete below)

Credit Card Authorization:

Type of Card: [] MC [] VISA [] AMEX [] DISC

Card Number: _____ Expiration Date: _____

Name of Cardholder (print): _____ CVV: _____

Signature: _____

Emergency Contact Information:

Name of Contact: _____ Contact Phone Number: _____

Relationship to student: _____

The following information is voluntary and is requested by the School so that teachers and staff are aware of any condition you may have. Students are not denied placement on the basis of this information.

Do you have any injuries (previous or new)? Y / N

If yes, please explain: _____

(continued on next page)

RELEASE

I recognize the risks of accident or injuries associated with any program of dance and acknowledge that I am participating upon the express understanding that I am willing and able to accept full responsibility for my own safety and welfare. I hereby release SBAZ and agree to hold SBAZ harmless from and against any and all claims and liabilities whatsoever which I may have, arising out of the participation with SBAZ, except for those relating from gross negligence or willful misconduct of SBAZ. I hereby execute and deliver this release to induce School of Ballet Arizona to permit me to participate in its programs.

Signature: _____ Date: _____

For Office Use Only: Tuiton Amt.:

PD \$ _____ [] CA [] CK # _____ [] AMEX [] VISA [] MC [] DSC

Rcvd by: _____ Date Conf sent: : ____/____/____ DB: _____ DR: _____/____/____