



2012 Summer Intensive Workshop

Curriculum includes:

Ballet Technique, Pointe, Variations, Men's Technique, Jazz, Flamenco, Modern, Musical Theater, Pilates, Theory classes

Summer Workshop Dates:

June 6 - 16

Visit our website azclassicalballet.com/summer-workshop for details, schedule of classes, class attire.

For more information please call 602-494-3400

Faculty includes:

Nadya Zubkov, ASCB Director

Susan Farsi, Preparatory Division Principal teacher

Radel Vazques, Ballet Department Principal teacher

Nancy Crowley, Former Director of the School of Ballet Arizona

Nicole Olson, Associate Director of Scorpius Dance Theater

Please fill out Registration form and mail it with \$40 non-refundable deposit to 20820 N. 25th Place, Ste #112 ~ Phoenix, AZ 85050

SUMMER REGISTRATION FORM

Student Name _____

Address _____ City _____ State _____ Zip code _____

Home Phone _____ Cell Phone _____

Email address _____ Date of Birth _____ Age _____

Years of Ballet training: _____ School of Dance Training: _____ I am a returning student and was in level _____ last year

My child will attend (check the program) :

"Ballet is Fun" Preparatory Program: _____ "Ballet Intensive" (Junior, Intermediate, Advanced levels) _____ Private Piano Session _____

Full Program (June 6 - June 16) _____ Half program: Session I (June 6 - 11) _____ Session II (June 12 - June 16) _____

Parent/Guardian's Name _____ Home Phone _____ Cell Phone _____

Allergies, Injuries or Medical Condition _____

Emergency Contact _____ Emergency Contact Phone _____

Student's physician's name _____ Physician's Phone _____

I hereby grant permission to person listed as emergency contacts or my child's physician to take whatever action is deemed necessary, in their judgment for the health of the aforesaid child in case of injury, accident or illness if I could not be reached. I certify that my child is covered by medical plan or health insurance that includes coverage for injuries may be sustained while student is participating in the Workshop's classes. The School will not be responsible for any cost or liabilities resulting from a lack of medical coverage.

____ By checking this box, I acknowledge that I have read and accept policies explained in this brochure/application and I am responsible for the full tuition for the option I have selected.

I am paying Tuition by Credit Card and

- I agree that my credit card will be charged \$40 non-refundable deposit upon submitting this registration
- I agree that the balance of my tuition will be automatically charged to my credit card on June 1st, 2012

Credit Card #: _____ Visa _____ Master Card _____ Zipcode _____

Expiration Date _____ Name on Card: _____

I will pay tuition by _____ Cash (please do not mail cash) _____ Check # _____

Signature _____ Date _____

I hereby grant permission and consent for my child's image to be included in promotional material such as posters, flyers, marketing brochures video and web site for the School's Program and productions.

Signature _____ Date _____