



Summer Intensive Registration Form

Name of Student: _____ Age: _____
Student E-mail: _____

Programs (Circle): Partnering Intensive (\$1,985) or 5-Week Intensive (\$3,310)
or Both (\$5,295)

Room & Board Needed (Circle): Yes or No

If Yes, indicate which **Room & Board option your child will need (check):**

Partnering Intensive	(\$950)	_____
5 Week Intensive	(\$2,375)	_____
Both	(\$3,325)	_____

Leotard Size: _____ Height: _____ Years on Pointe: _____

Have you ever participated in an SDC Program? _____ When? _____

Parent/Guardian Name: _____

Parent E-mail: _____

Contact Phone # _____

Address: _____

City/State/Zip: _____

Emergency Contact: _____ Relationship: _____

Phone: _____

Please read & sign Summer Dance Company Department & Refund Policy _____ (Initial)

Please read & sign Summer Dance Company Release of Liability Form _____ (Initial)

50% nonrefundable deposit of ALL fees are due in order to reserve your place in the program. Total balance is due on or before May 1st.

I, _____ (Print), have read and agreed to all terms defined in this registration form.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Tuition	\$ _____	
Room and Board	\$ _____	
Total Due	\$ _____	

First Payment

Date: ____ / ____ / ____

Check Amount	\$ _____	Check # _____
Cash Amount	\$ _____	
Credit Card Amount	\$ _____	Last 4 digits: _____

Final Payment

Date: ____ / ____ / ____

Check Amount	\$ _____	Check # _____
Cash Amount	\$ _____	
Credit Card Amount	\$ _____	Last 4 digits: _____