

SUMMER INTENSIVE 2019 JUNIORS/INTERMEDIATES

REGISTRATION FORM • PLEASE PRINT

Julie Diana Hench | Executive Director

Aydmara Cabrera | School Director

Douglas Martin | Artistic Director

Audrée Estey | Founder

Return this form with payment to:

Princeton Ballet School, 301 North Harrison Street, Princeton, NJ 08540 Fax: 609.921.3249 email: princetonballetschool@arballet.org

Registering for: Junior level Intermediate level	
Please Print)	
f a current Princeton Ballet School student, what level will you have complete	ed by this summer?
f not a Princeton Ballet School student, how many ballet technique classes do	you take weekly?
itudent's Name: (First)	(Last)
Grade (year 2018-19)	Academic School
tudent's Cell Phone	Student's Email:
Surrent Dance School	How many years on Pointe
Firthdate///Male ☐ Female	Height (in inches)
Permanent Address	
ity	State Zip
lome Telephone Family email addres	s
mergency Contact Name	Emergency Phone ()
erson to be billed	
treet Address (if different from above)	
ity	State Zip
arent #1 or Guardian Name:	Relationship:
'arent #1 or Guardian Telephone: Home Cell:	Work:
arent #2 or Guardian Name:	Relationship:
arent #2 or Guardian Telephone: Home Cell:	Work:
loes the student have any medical needs, physical or emotional characteristics that the teacher	s need to know about in order to make this a positive learning experience?
are you new to us this year?	
Please complete both	sides of this form.
For Office Use Only	
CB	Reg RB Conf

SIDE TWO • 2019 SUMMER INTENSIVE / JUNIORS AND INTERMEDIATES / REGISTRATION FORM • PLEASE PRINT

Student's Name:				Home Phone Number ()
		All payments	s are noi	on-refundable.
TERM:			P/	PAYMENT: (We cannot accept cash)
REGISTERING FOR T	HE WEEKS:	INT. JR	, _	
Six weeks (Intermedia	tes only)			☐ Check enclosed
Five weeks		\$1,725 \$1,6	680 M	Make checks payable to: Princeton Ballet School.
Four weeks		\$1,450 \$1,4	400 OF	OR
Three weeks		\$1,150 \$1,	,100	
Two weeks		\$865 \$8	815 I w	I would like to charge:
One week		\$535 \$48	85	□ Initial Payment □ Subsequent Payments on appropriate due dates
Please select weeks atte	ending:			
June 24-June 28	July 1-5	July 8-12		□ Visa □ MasterCard □ American Express □ Discover
☐ July 15-19	☐ July 22-26	July 29-August 2 (Intermediates only)		
Diagon shook hore if	:	, ,	An	Amount \$
☐ Please check here if y	ou are interested in early d	гор-отт.		
	e by presenting payment o due no later than June 1, 2		Na	Name on Card
Full tu	ition amount		Ca	Card Number
Add \$5	50 per week for early drop	off	Ex	Exp. Date
Subtra	act \$75 if registration inclu	des week of July 4.		
	,,	, , , , , , , , , , , , , , , , , , , ,	Sic	Signed
Tuitio	n total			
THIS APPLICATION MUST BE SIGNED FOR ADMISSION INTO PRINCETON BALLET SCHOOL SUMMER INTENSIVE				
liable for injuries or cannot seek indemn or any agent, repres	illnesses contracte nification, reimburse	d by me while a student/ ment or any other type o ember or employee, liabl	participant of compens	ociety, or any agent, representative, faculty member or employee, nt of Princeton Ballet School Summer Intensive. I also agree that I nsation from Princeton Ballet School, The Princeton Ballet Society injuries or illnesses contracted by me while a student/participant
the child listed abo emergency care is r	ove. In the event of necessary, Princeton	an emergency, every e	ffort will b n ambulanc	permission to authorize first aid and/or lifesaving treatment to be made to contact me immediately. If I cannot be reached and nce to transport the child to the closest hospital. Princeton Ballet
Signed X				Date
J	Student (Pa	arent/Guardian if studen	it is a mino	or)
How did you hear	r about our Summ	er Intensive?		