

American Ballet Intensives

Program Application

Complete this application in ink and mail with a \$100.00 deposit check to American Ballet Intensives, 23 Trinity, Irvine, CA 92612. Please note that if you are submitting an application less than 3 weeks prior to the start of the program, full tuition payment must accompany this form. Students, 12 and older, must also send in a recent photograph posed in 1st arabesque (female dancers – en pointe). Participants under the age of 12 need not be en pointe. Students will be notified of acceptance upon review of this application.

Student's Name _____ **Program Date(s)** _____
(Last Name, First Name, M.I.)

Student Contact Information:

Mailing Address: _____

Student Home Phone #: (____) _____ Student Cell Phone #(____) _____

E-mail address: _____

Mother/Guardian Name: _____

Mother's Home Address _____

Home Ph #: (____) _____ Cell Ph #: (____) _____ Work Ph #(____) _____

E-mail address: _____

Father/Guardian Name: _____

Father's Home Address: _____

Home Ph #: (____) _____ Cell Ph #: (____) _____ Work Ph #: (____) _____

E-mail address: _____

Student information:

Date of Birth: ____/____/____ Age: _____ Grade/Level in Academic School: _____

Current Academic School: _____

Current Dance School: _____ What level are you in? _____

How many levels are there? _____

How many years have you studied ballet? _____ How many years of pointe? _____

How many ballet technique classes do you take per week? _____ Pointe? _____

Summer Programs Attended (include dates and placement level): _____

How did you hear about this program? _____

Signatures:

The above information I have supplied is true and correct to the best of my knowledge. If any information is false, it will be cause for my dismissal from the American Ballet Intensives program.

I agree to pay the final tuition in full, and understand that I am not entitled to a refund if I choose not to attend the program.

If I cancel before paying the full amount, I understand that I will be billed for the balance.

**Refunds are granted only to those who do not attend due to a medical reason verified with documentation from a licensed physician. An administrative fee of \$100.00 will be deducted from the total tuition and or deposit paid.

I understand that final determination of each student's class level for this program will be made solely by the artistic director(s) of American Ballet Intensives.

The deposit of \$100.00 is non-refundable if accepted to the program. **Students who are not accepted will receive the deposit back.**

I have read and agree to the above policy statements and waiver of liability.

Student Signature: _____ Date: ____/____/____

Parent Signature (if student is under 18) _____ Date: ____/____/____