

Coupé Summer Ballet Intensive 2020

430 Market Street, Nanuet, NY 10954 ♦ 845 623 2808 ♦ www.coupedance.com

5 Week Ballet Intensive: For Qualified Students (Teacher Recommendation required)

5 Days a week program: Daily 10:00am-5pm (Wednesday theatre trips days, buses arrive back at Coupé between 6:00 and 6:30pm)

Weeks 1-5: Monday June 29th – Friday July 31st 2020 \$2800* ☐ Includes 4 show tickets & transportation

Weeks 1-4: Monday June 29th – Friday July 24th 2020 \$2300* ☐ Includes 4 show tickets & transportation

Week 1,2,3: Monday June 29th – Friday July 17th 2020 \$1750* ☐ Includes 3 show tickets & transportation

Week 1&2: Monday June 29th – Friday July 10th 2020 \$1100* ☐ Includes 2 show tickets & transportation

Students wishing to do both the Ballet Intensive and be involved in the production of Aladdin are able to do so

Ballet Intensive with Production \$3300* ☐ Includes 4 show tickets & transportation

***Students must register by March 1, 2020 in order to qualify for this price. Registration is complete on payment of \$750 non-refundable deposit, remainder of summer tuition to be paid in full by May 31, 2020**

Registrations received after March 1, 2020 will be subject to a 5% increase in fees.

Registrations received after April 1, 2020 will be subject to a 10% increase in fees.

Please note: There will be no refunds for days missed, all programs are subject to enrollment.

Student Name: _____ Date of Birth: _____

Is your child a current student Yes _____ No _____ Please List Allergies _____

NEW STUDENTS ONLY:

Parent/Guardian Name: _____

Address: _____

Cell phone: _____ Cell Phone Provider: _____

Best number to call during camp hours: _____

Email: _____ How did you hear about us _____

Additional Parent/Guardian Name: _____ Cell: _____

Cell Phone Provider: _____ Email: _____

Waiver of Liability: I agree that I will not hold Coupé Theatre Studio, Inc, or any member or employee of the same, liable for injuries sustained, or illness contracted by me or my child while a student of Coupe Theatre Studio, Inc. I agree to abide by the rules of the Studio.

I give permission for Coupé Theatre Studio to publish photographs of my child for use in printed advertising material, and on the internet.

I have read the above policy statements and waiver of liability and hereby agree to comply with them.

Parent/Guardian Signature _____ Date: _____

OFFICE USE: Date received _____ Deposit paid _____ Cash/Check/CC _____

Total cost of Program _____ PIF Date: _____ Cash/Check/CC _____