

Coupé Triple Threat Summer Program 2024

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

Triple Threat Camp: Entering 3rd Grade and up 10:00am-4pm

4 Week Program: Monday July 1st - Friday July 26th 2024 *Best Price Available

Register & pay deposit By: March 1st 2024 \$2385__ April 1st 2024 \$2435__ June 1st 2024 \$2485 *pay in full__

Triple Threat Camp: Entering 3rd Grade and up 10:00am-4pm

Session 1: Monday July 1st - Friday July 12th 2024 ***No classes on July 4th**

Register & pay deposit By: March 1st 2024 \$1185__ April 1st 2024 \$1235__ June 1st 2024 \$1285 *pay in full__

Session 2: Monday July 15th - Friday July 26th 2024

Register & pay deposit By: March 1st 2024 \$1320__ April 1st 2024 \$1370__ June 1st 2024 \$1420*pay in full__

Morning only rates \$75 per day: Drop in single classes \$25 per class

Registration is complete on payment of 50% non-refundable deposit. Summer tuition must be paid in full by May 31, 2024. \$20 late fee per week will be added to balances not paid by due date.

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

Student Name: _____ Date of Birth: _____ Grade fall 2024 _____

Is your child a current student Yes _____ No _____

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 _____

Please return the registration form in person to 430 Market Street, Nanuet NY 10954, email forms to info@coupedance.com or mail forms to PO Box 9242 Bardonia, NY, 10954

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 _____