## 2011 Summer Camp / Workshop Registration Form

	•	lent. Copied forms are accep Birth Date		
	Birth Date Male / Female Father's Name			
Address				
Telephone (H)				
Email address ( <i>please PRINT</i> )				
Student's Doctor		Doctor's Phone		
Emergency Contact	Contact's Phone			
Allergies/Health Problems	Medications			
* * * Please check ALL can	eck ALL camps that apply. A deposit for each camp is required at time of registration. * * *			
"Imagination Station": ages 3-6, 9AM-12noon, \$150/wk, add \$25/wk for Lunch Bunch (12 noon-12:45PM)				
June 13-17 (Lunch Bunch? Y /	'N) 🗌 July 11-15 (Lu	Inch Bunch? Y / N) (D	EPOSIT = \$75 per week)	
□ June 20-24 (Lunch Bunch? Y	/ N) 🛛 🗌 July 18-22 (Lu	inch Bunch? Y / N)	July 5-8 (4 days) \$120/wk ~ \$60 deposit (\$20 lunch bunch)	
June 27-July1 (Lunch Bunch?	Y / N)	unch Bunch? Y / N)		
July 5-8 (Lunch Bunch? Y / N)	🗌 Aug 1-5 (Lund	ch Bunch? Y / N)		
Musical Theater Workshop ("It's S	Showtime!"): ages 7-11, 9	0:00AM-1:00PM		
☐ June 13-24 \$400			(DEPOSIT = \$200)	
Dance Express for Beginners: ages 7-9, 9:00AM to noon (option of one week available)				
□ July 11-22 \$360	, (1	,	(DEPOSIT = \$180)	
Ballet Intensives:				
Summer Preparation (Complet	tion of Ballet 5-Adv): June 13	-17. 10:00AM-12:00 noon. \$10	0 (DEPOSIT = \$50)	
Pre-Pointe Workshop (Completion of Ballet 2+): July 11-22, 9:00AM-1:00PM, \$480				
☐ Week 1 \$240 (DEPOSIT = \$120) ☐ Week 2 \$240 (DEPOSIT = \$120)				
Intermediate Ballet Workshop			,	
Fall Warm-up (Completion of E			(DEPOSIT = \$50)	
Jazz Intensives:	, 3 ,	, .	· · /	
☐ Intermediate (Completion of Jazz 2-4): July 25-29, 9:30AM-12:30PM, \$180			(DEPOSIT = \$90)	
Advanced (Completion of Jazz	, ,		(DEPOSIT = \$90)	
Rhythm Tap Intensives:	<i>•••••••••••••••••••••••••••••••••••••</i>			
Intermediate (Completion of Ta	ap 3-6) July 25-29 9:00AM-	1.00PM \$240	(DEPOSIT = \$120)	
Advanced (Completion of Tap	. , .		(DEPOSIT = \$120)	
<ul> <li>I understand that cancellations must be received in writing at least 14 days before the camp/workshop start date.</li> </ul>				
given after this time.				
• I affirm that my child is in good health and has no medical condition that would prevent him/her from taking part in camp/workshop activities. If no family member can be reached in the event of a medical emergency, I authorize The Ballet School to allow emergency medical treatment.				
Signature of Parent or Guardian	• •		• •	
FOR OFFICE USE ONL Amount Received:	Date:	Method of Payment (Ch	eck #):	

The Ballet School of Chapel Hill • 1603 East Franklin Street, Chapel Hill, NC 27514 • 919-942-1339