



1124 Corporate Drive • Holland, Ohio 43528 • 419 861-0895
website: www.ballettheatreoftoledo.org • email: info@ballettheatreoftoledo.org

Summer Intensive 2010

Instructors

July 19th – 23rd

Tricia Sundbeck (Cincinnati Ballet), Thomas Bell (NKU and CCM)

Aug 2nd – 6th

Dawnell Dryja (Grand Rapids Ballet), Jay Goodlett (Cincinnati Ballet)

Levels

Advanced and above

- Cost: \$725 for 2 weeks, \$400 for 1 week
 - **Non Refundable Deposit: \$200 NOW Balance due: June 14th**
 - Class times: 8:30-1:00pm, Monday-Friday
 - Technique, Pointe, Variation/Repertoire, Choreography
 - In-studio demonstration on the last day
- (Minimum of 6 students required for the program to run)*

Intermediate

- Cost: \$725 for 2 weeks, \$400 for 1 week
 - **Non Refundable Deposit: \$200 NOW Balance due: June 14th**
 - Class times: 8:30-1:00pm, Monday-Friday
 - Technique, Pointe, Variation/Repertoire, Choreography
 - In-studio demonstration on the last day
- (Minimum of 6 students required for the program to run)*



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2010 Summer Intensive/Camp Registration Form

Student's Name _____ *Date of birth/age* _____

Address _____ City/State/Zip _____

Phone# _____ E-mail Address _____

Parents' Information

Parent #1 Name _____ Home/ Cell phone# _____

Address _____ City/State/Zip _____

Occupation _____ Employer _____

Employer's Address _____

Work phone # _____ E-mail Address _____

Parent #2 Name _____ Home/Cell phone# _____

Address _____ City/State/Zip _____

Occupation _____ Employer _____

Employer's Address _____

Work phone # _____ E-mail Address _____

Student's Class level _____

List the week(s) your child is participating _____

Please read the following:

“ I am aware that ballet dancing, stretching and other activities associated with your participation, places unusual stress on the body and carry with it the risk of physical injury. On behalf of my child and myself, I assume the risk and agree that the Ballet Theatre of Toledo, its Board of Trustees, the faculty, volunteers and any of the chaperones and agents of the Ballet Theatre of Toledo shall not be liable in any way and released for any injuries sustained during attendance at the school or any of its related functions for any acts which might constitute a claim for negligence. I further understand that my child, at all times, is responsible for his/her personal belongings and I accept full responsibility for loss of personal items whether lost, damaged or stolen.”

Parent or Guardian signature _____ Date _____

Family Doctor _____

Emergency contact person and number _____

Allergies _____

Method of payment ___ *cash* ___ *check* ___ *credit card* ___

If you are paying with a credit card, please include the following:

<i>Type of Card</i> _____ <i>Name on Card</i> _____
<i>Credit Card Number</i> _____ <i>Exp. Date</i> _____
<i>Verification Number (found on the back of the card)</i> _____ <i>Amount</i> _____