



EL PASO BALLET THEATRE

1060 Doniphan Park Circle, Suite H, El Paso, TX 79922

Phone: 915.760.6062

elpasoballettheatre.com | dance@elpasoballettheatre.com

SUMMER INTENSIVE 2019 APPLICATION

Session I: June 3 - June 15

Session II: July 1-July 13

Application Procedures:

Send original copy of application and a \$250.00 non-refundable deposit no later than **May 22th** for Session I and **June 12th** for Session II. The remaining tuition for Session I will be due by **June 1st** and for Session II, **June 19th**. Space in our program is on a first-come, first-served basis. It is recommended that you send this form in as soon as possible. Level placement is solely at the faculty's discretion.

Please Print Clearly

Current Info:

Student Name _____ DOB _____ / _____ / _____ Age _____
First Last Mo/Day/Yr Age in June

Address _____ City _____ ST _____ Zip _____

Student Tel # (_____) _____ - _____ Student email: _____

Mother's Name: _____ Cell # (_____) _____ - _____

Father's Name: _____ Cell # (_____) _____ - _____

Parent email: _____

Parent(s) Address: Same as Above

Address _____ City _____ St _____ Zip _____

Emergency Contact

Name _____ Tel # (_____) _____ - _____ Relation to Student _____

Training:

Current Ballet School _____ Years of training: _____ Ballet _____ Pointe _____

Have you attended any EPBT (EPCD) Summer Intensive before? Yes, in what year(s)? _____ No

Tuition

Levels 3-5 Ages 12 and Up

Session I: Two Weeks: \$750.00 Session II: Two Weeks: \$750.00 Both: Four Weeks: \$1,400.00

Levels 1-2 Ages 8-12

Session I: Two Weeks: \$650.00 Session II: Two Weeks: \$650.00 Both: Four Weeks: \$1,200.00

I understand that El Paso Ballet Theatre is not responsible for any accidents or injuries that may occur on its premises. Photographs and videos may be taken of the dancers during their participation in this workshop. I consent to allow photographs of myself/my child to be used by El Paso Ballet Theatre for display, publicity or other purposes.

I hereby consent to enroll _____ in the El Paso Ballet Theatre 2019 Summer Intensive.

Adult Student/ Parent Signature _____ Date _____