



Creative Steps Summer Intensive

Last Name _____

First Name _____

Address _____

Guardian _____

Cell Phone (603) _____

Work Phone (603) _____

Email Address _____

Age ____ D.O.B. _____

Years of Dance _____

With Whom? _____

Does your child have any Allergies or Health issues we should know about?

If Yes, please explain _____

I have read and understand the Creative Steps Liability Form. I accept all financial responsibility for Creative Steps Summer Intensive classes.

Guardian's Signature _____ Date _____

Intermediate – Advanced Summer dance Intensive Ages 8+

Mondays from 7/15/19-8/12/19

Please ✓ Which Classes You Will Attend

Class Time	Studio 1	7/15	7/22	7/29	8/5	8/12
3:00pm-4:00pm	Stretch & Strength					
4:00pm-5:00pm	Leaps & Turns					
5:00pm-6:00pm	Rhythm Tap					
6:00pm-7:30pm	Ballet Int/Adv					
7:30pm-8:00pm	Pointe					

Thursdays from 7/18/19-8/15/19

Please ✓ Which Classes You Will Attend

Class Time	Studio 1	7/18	7/25	8/1	8/8	8/15
3:00pm-4:00pm	Stretch & Strength					
4:00pm-5:00pm	Leaps & Turns					
5:00pm-6:00pm	Rhythm Tap					
6:00pm-7:30pm	Ballet Beg/Int					
7:30pm-8:00pm	Wings & Things / Musicality					

Thursdays from 7/18/19-8/15/19

Please ✓ Which Classes You Will Attend

Class Time	Studio 2	7/18	7/25	8/1	8/8	8/15
3:00pm-4:00pm	Stretch & Strength					
4:00pm-5:00pm	Leaps & Turns					
5:00pm-6:00pm	Contemporary					
6:00pm-7:30pm	Ballet Adv					
7:30pm-8:00pm	Pointe					

PRICING & PAYMENT OPTIONS

Hourly Drop In Rates

\$10 per class ½ hour class
\$15 per class 1 hour class
\$20 per class 1½ hour class

_____ Total Hours

Discounted Class Package Pricing

_____ 5 Hour Class Package \$78.00
_____ 10 Hour Class Package \$146.00
_____ 15 Hour Class Package \$204.00
_____ 20 Hour Class Package \$252.00
_____ 25 Hour Class Package \$290.00
_____ 30 Hour Class Package \$318.00
_____ Unlimited Class Package \$350.00

All CSDC MEMBERS MUST REGISTER FOR 25 HOURS OF SUMMER CLASSES. ANY COMPETING IN CONTEMPORARY BALLET OR JAZZ MUST REGISTER FOR 30 HOURS OF SUMMER CLASSES.

All class package purchases must be paid for prior to first class.

\$_____ Drop In Classes \$_____ Package Price Classes \$_____ Total Due

_____ Cash(in office only) _____ Check # _____ Credit Card

Name on Card _____

Card # _____ Exp. ____/____

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