

Adult Dance Camps, Saratoga Springs, NY

2012 Enrollment Application

I would like to attend (One application per camp, please):

	Full Day	All Ballet	Short Day
August 27-Sept. 1	\$740 <input type="checkbox"/>	\$660 <input type="checkbox"/>	\$520 <input type="checkbox"/>
Pas de deux included	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pas de Deux, women, add \$90 <input type="checkbox"/>
Men's pas de deux incl.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pas de Deux, men, add \$ 50 <input type="checkbox"/>
Performance Class incl'd.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Performance Class, add \$ 70 <input type="checkbox"/>
Insurance	\$100 <input type="checkbox"/>	\$ 90 <input type="checkbox"/>	\$ 80 <input type="checkbox"/>
Check/cash discount	\$-15 <input type="checkbox"/>	\$-13 <input type="checkbox"/>	\$-10 <input type="checkbox"/>
Early admission*	\$-30 <input type="checkbox"/>	\$-25 <input type="checkbox"/>	\$-20 <input type="checkbox"/>
Multiple camps**	\$-30 <input type="checkbox"/>	\$-25 <input type="checkbox"/>	\$-20 <input type="checkbox"/>

Make check or money order payable to Sun King Dance. Credit cards are not accepted. Send your application and full payment to: Sun King Dance, L.L.C., 3126 W. Cary Street, #172, Richmond, VA 23221.

*Full payment and application must be postmarked on or before February 28, 2011.

**Does not apply to the first camp you register for.

Name (first) _____ (last) _____

Address _____

Telephone (home) _____ (business) _____

Your e-mail _____

Occupation _____

Emergency Contact _____ Phone _____

Gender: M F

Anticipate level of technique to be: 2 3A 3B 4

How did you hear about us?

Do you want us to connect you with a roommate? Yes No

If so, what are your interests outside of dance? _____

and age range: 18-30 31-40 41-50 51-60 61-70

Please add your dance studio to our mailing list:

Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Waiver of Responsibility.

I am aware that all forms of dance and the gymnastic exercises associated with it place unusual stresses on the body and carry with them the risk of physical injury. I assume this risk and agree that Sun King Dance, its staff, the facilities of the Richmond Ballet, Studio Cooperative, and the National Museum of Dance shall not be liable in any way for injuries sustained during attendance of the program or any of its functions. I have read, understand, and agree to the terms of the cancellation policy.

Signature _____ Date _____