

# NCDC SUMMER DANCE INTENSIVE APPLICATION 2010

For Office Use Only	LEVEL _____
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**July 19<sup>th</sup>-July 31<sup>st</sup>**

**I am applying /registering for: (please check one)**

	Age Group	Ballet	MTWThF	PRICE
_____ 6 & 7	Age Group	Ballet	MTWThF	\$ 234
_____ 8 -10	Age Group	Ballet	MTWThF	\$ 312
_____ 11- 13	Age Group	(Half Day)		\$ 468
_____ 11-13	Age Group	(Full Day)		\$ 858
_____ 14+	Age Group	(Full Day)		\$ 858

**Home Ph:** \_\_\_\_\_

**Cell Ph:** \_\_\_\_\_

**Guardian Work**

**Phone:** \_\_\_\_\_

**Guardian Cell**

**Phone:** \_\_\_\_\_

Class placement for each age group will take place on the first day of classes.

*Please print clearly.*

**Student Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Sex** \_\_\_\_\_ **F** \_\_\_\_\_ **M**

**Home Address** \_\_\_\_\_

**Dancers Email** \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Guardian** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Guardian Email** \_\_\_\_\_

Guardian's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have you taken our Summer Intensive before? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Years Studied:** \_\_\_\_\_

If yes, which year and Level \_\_\_\_\_

**Years on Pointe?** \_\_\_\_\_

**PREVIOUS TRAINING:**

*Please list your most recent training first and include summer study.*

Name of School	City, State	Primary Teachers	Year: From-To	No. of Ballet Classes/Week

**METHOD OF PAYMENT:**

- \_\_\_ Charge my NCDC account
- \_\_\_ Visa
- \_\_\_ Mastercard
- \_\_\_ American Express

**PAYMENT OPTIONS:** Check one option.

- 1) \_\_\_\_\_ 50% Non- Refundable Deposit charged upon receipt  
50% Balance Automatically charged July 10<sup>st</sup>, 2010
- 2) \_\_\_\_\_ Full Payment charged upon receipt, Non-Refundable
- 3) \_\_\_\_\_ Payment Plan Option -  
50% Non-Refundable Deposit upon receipt  
25% Automatically Charged June 10<sup>st</sup>, 2010  
25% Automatically Charged July 10<sup>st</sup>, 2009

\_\_\_\_\_ Current NCDC Ambassadors receive a 10% discount on full tuition.

**Name:** \_\_\_\_\_

**Credit Card#** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

Refund Policy: Refunds are granted for medical conditions only, and require receipt of a physicians note to withdrawal. Refund schedule: 50% if withdrawal notification is received by June 20<sup>th</sup>, 2009. Refunds will not be given for any reason after July 10<sup>th</sup>, 2009.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_