

(A detailed schedule will go out the beginning of May.)

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

July 10th - 29th, 2017

3 Week Program

Intermediate to Advanced Dancers

Dancers ages 11+

Acceptance to the 3-week program is by audition only.

Email info@ncdc.com to set up an audition. Video auditions are also accepted.

July 17th - 29th, 2017

2 Week Program

Dancers 8-10yrs

Dancers 11+

No audition necessary, but must take a minimum of 2 ballet classes weekly for 8-10yrs and 3 for ages 11+. Dancers will be assessed for placement on the first day.

Dancers ages 8-10: 2 week program, 3 hours daily Monday - Friday

Early registration fee: \$445 (if paid in full by April 15th)

Full price fee: \$495 (due in full by May 30th)

Dancers ages 11+ 2 week program: 4 hours daily Monday - Friday

Early registration fee: \$600 (if paid in full by April 15th)

Full price fee: \$650 (due in full by May 30th)

Dancers ages 11+ 3 week program: 6 hours daily Monday - Friday & 4 hours on Saturday

Early Registration fee: \$1,190 (due in full by April 15th)

Full price fee: \$1,290 (due in full by May 30th)

\$30 audition fee (waived for current NCDC students). Auditions must be set up through the NCDC office by calling 916-791-2061 or email info@ncdc.com

Please print clearly.

Student Name _____ Date of Birth _____ Phone # _____

Email Address _____ Sex _____ F _____ M

Street Address _____ City _____ State _____ Zip _____

Guardian _____ Email _____ Phone # _____

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

Classes fill up quickly. To reserve your spot in the Intensive, submit your Registration form as soon as possible

PAYMENT OPTIONS: Check one option.

Early Registration Discounted Fee:

Charge 50% on March 15th, 2017
Charge 50% on April 15th, 2017

Charge Full Discounted Fee

Payment Plan:

Charge 50% Non-Refundable Deposit on March 15th, 2017
50% Balance Automatically Charged on May 30th, 2017

METHOD OF PAYMENT: _____ Charge my NCDC Account _____ Visa _____ MasterCard _____ American Express

Name on Card _____ Credit Card# _____ Exp. _____

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 15th, 2017. Refunds will not be given for any reason after July 1st, 2017.

Signature: _____ Date: _____