

Summer Intensive 2017 Registration



All students must complete this form.

Submit this form, check, credit card or online proof of payment to complete registration.

Student's Name: _____

Gender: _____ Age today: _____ Date of birth: ____/____/____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent Cell #: _____ Secondary Phone #: _____

Email _____

Parent(s)/Guardian Name: _____ Relationship to student: _____

For assistance with housing, chaperones or questions contact Charis Moses at: charis@friendsandcodance.com or text 646-325-4558

Payment Options: [] week #1 August 8-13 [] week #2 August 15-20

Before March 30th: \$550.00 April to May 30th: \$645.00 June 1st forward \$700.00 per week

Discount % _____ by FCO faculty member and name _____

Credit Card _____ exp _____

Billing Address (if Difference): _____

Amount Due: _____ Prepaid online (copy attached): _____ Check# _____

No refunds. Credits may be applied additional programs. In the event the intensive program is cancelled by Friends & Co, full refunds will be granted within 4 weeks of cancellation. Mail registration form and payment to: P.O. Box 220 New York, NY 10116

Current ballet/dance school: _____

Years of ballet training: _____

On Pointe: Yes: ____ No: ____ If yes, for how many years or months: _____

FRIENDS & CO employs the most thoroughly trained instructors for each class and audition. Utmost care will be given to all students. However, FRIENDS & CO will not be responsible for loss or injury to any student. My child is in excellent physical health and physically able to attend FRIENDS & CO's programs. Photography and Media: Occasionally, Masters are interviewed by journalists and media crews to promote activities. This may include photos of FRIENDS & CO's classes. In signing this form, I give permission for an indefinite period of time for my child, (myself if over 18), to be photographed, filmed, and/or interviewed in a FRIENDS & CO's supervised environment for the sole purpose of promotions for FRIENDS & CO.

I have read, understand, and agree to the above statements.

X _____ /____/____ Date Student Signature (Parent or Guardian for students under 18, if present)