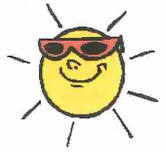




The Salem Dance Network
 P.O. Box 273 North Salem, NH 03073
 603-893-1082



Summer Intensive - Registration Form

Dance Information

Dance Studio _____ StudioPhone _____

Artistic Director/Owner _____ Teacher(s) _____

Studio Address _____

Years Of Training In: Ballet _____ Pointe _____ Tap _____ Jazz _____ Lyrical _____ Other _____

Will Student Be Attending Any Other Summer Dance Program(s) Yes(X) _____ No(X) _____

If Yes, List Program(s) & Dates Attending _____

Is Student Interested In Becoming A Member of the SDN Performing Company Yes(X) _____ No(X) _____ SDN Company Member(X) _____

Personal Information

Name _____ Complete Address _____

Date Of Birth _____ Guardian Email Address _____ Student Email Address _____

Home Phone _____ Guardian Cell Phone _____ Student Cell Phone _____

Emergency Contact (Other Than Above) _____ Health Ailments _____

Waiver

I am fully aware of and understand that any physical activity may cause accidental injury. I hereby waive and release The Salem Dance Network and it's faculty from any and all claims, lost, liabilities, expenses, or judgement arising out of my participation, my child or ward's participation in the school's programs or any illness or injury there from.

 Signature of Parent/Legal Guardian (18 yrs or older) _____
Date

Billing Information

| | | |
|---|---|---|
| <p><u>Ballet Intensive</u> \$250.00 Per Week \$60.00 Per Day</p> | <p><u>Ballet Intensive & Jazz Intensive</u> Student Rate \$475.00 Family Rate(2) \$875.00 Family Rate(3) \$975.00</p> | <p><u>Jazz Intensive</u> \$250.00 Per Week \$60.00 Per Day</p> |
|---|---|---|

Please Circle Your Payment Selection Above

Mail Tuition & Registration To:
 SDN P.O. Box 273, North Salem, NH 03073

Total Amount Due: Check # Date

SDN Students
 Add \$20.00
 After July 1st

All Money
 Is
 Non-Refundable