

2019 NFB SUMMER WORKSHOP REGISTRATION

Please detach, complete and return with a non-refundable \$50 deposit by May 15th to:
Northwest Florida Ballet, 310 Perry Avenue SE, Fort Walton Beach, Florida 32548
(Registration form also available at NFBallet.org.)

PLACEMENT CLASS

Students will be placed in levels by the artistic staff at a placement class on Sunday, June 2nd at 2:00 pm. There is no placement class for the 4th and 5th grade Intensive Program. *Note: Students unable to attend the placement class will be placed after attending the first ballet technique class or may send a video to sallen@nfballet.org.*

REQUIREMENTS

Students participating in the workshop program must have at least 3 years of formal ballet training (1 year for the 4th and 5th Grade Intensive Program.) All students will be supervised during class hours including one-half hour before and after the class daily schedule. Students under age 18 are expected to have adult supervision at all other times. Students should bring a sack lunch.

REGISTRATION

A non-refundable deposit of \$50 will be applied to tuition and must be received by May 15th. Full tuition is due on the first day of class. *Please note that confirmation of registration, dress code and rules will be emailed to you in May.*

PERFORMING OPPORTUNITIES

There will be performing opportunities for 6th grade and up students attending all 4 weeks of the workshop program. Studio showing will showcase all students at the end of each week.

STUDIO LOCATION

All classes will be held at the studios of the Northwest Florida Ballet headquarters:

Sybil Leberz Center for Dance Education
310 Perry Avenue SE
Fort Walton Beach, Florida 32548
Phone: 850.664.7787
Web: NFBallet.org

ACCOMMODATIONS

Housing is not provided by NFB. Please call the Greater Fort Walton Beach Chamber of Commerce (850.244.8191) or the Emerald Coast Tourist Development Council (800.322.3319).

We recommend reservations be made by April 15th.

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Cell Phone _____
Email _____ Age _____ Birth Date _____
Years of Formal Ballet Training _____ Current Dance School _____
Gender Male _____ or Female _____ Grade Entering _____

Intensive Program for Students Entering Grades 6th and up:

Please check the week(s) you will be attending:

Week 1 Week 2 Week 3 Week 4
June 3 - 7 June 10 - 14 June 17 - 21 June 24 - 28

Tuition: 1 Week 2 Weeks 3 Weeks 4 Weeks
(Circle One) \$385 \$560 \$710 \$825

Yes, I am attending all four weeks and would like to participate in the performance opportunities.

Please check one of the following placement options:

- I will attend the placement class on June 2nd at 2 pm.
 I will submit a video to sallen@nfballet.org for evaluation.
 I will be evaluated during my first workshop class for placement.

Intensive Program for Student Entering 4th & 5th Grades:

Please check the week(s) you will be attending:

Week 1 Week 2 Week 3 Week 4
June 3 - 7 June 10 - 14 June 17 - 21 June 24 - 28

Tuition: 1 Week 2 Weeks 3 Weeks 4 Weeks
(Circle One) \$270 \$470 \$615 \$765

Deposit: A \$50 non-refundable deposit is due May 15 and applied to tuition.

Tuition covers up to 4 classes per day. Full tuition must be paid by the first day of class. No refunds are offered once registered unless otherwise stated in NFB Policies. Students may not have classes with every faculty member. Students must present written excuse from parent or guardian for any missed classes and watch class if unable to participate.

Please enclose check, money order or enter your credit card information below.

MC/Visa card no. _____ Exp. Date ____/____/____ CVC _____

Signature _____

Total amount enclosed or to be charged to credit card \$ _____

I recognize the risks of physical injury inherent in dance training and I am willing to assume those risks. I agree that I will not hold the Northwest Florida Ballet or any faculty member or employee liable for injuries sustained or illnesses contracted by me while in attendance and/or participation in the Northwest Florida Ballet Workshop. I hereby grant permission to transport me to a medical doctor or hospital in case of illness or injury and I may receive treatment as deemed necessary by a licensed physician in the event of an emergency.
POLICY NOTE: I have read and understand NFB's Policies as available at NFBallet.org.

Participant signature (parent/guardian signature if under 18) _____

Please Print Name _____

Insurance Company _____ Policy Number _____

Emergency Contact _____ Phone _____ - _____ - _____

REGISTRATION & DEPOSIT DUE BY MAY 15