

2021 SUMMER PROGRAM REGISTRATION

Dance Camp Week (mark all that apply)	
8/2-6/21 – 9:00-12:00 p.m.	early care 8:00-9:00 a.m.
8/2-6/21 – 1:00-4:00 p.m.	after care 4:00-5:00 p.m.
8/2-6/21 – 9:00-4:00 p.m. (both camps)	
Junior Intensive	Intermediate-Advance Intensive
One week 6/7-11/21 – 9:30-4:00 p.m.	One week 6/7-11/21 – 9:00-5:00 p.m.
Two weeks 6/14-18/21 – 9:30-4:00 p.m.	Two-wks 6/14-18/21 – 9-5pm M-F & 12-4pm Sa
Three-weeks 6/7-27/21 – 9:30-4:00pm	Three-wks 6/7-27/21 9-5pm M-F & 12-4pm Sa
Please print clearly	
Student's First Name	Student's Last Name
Date of Birth/ Age as of June 1, 202	1 Gender
Home phone () Student Cell Phone ()	
Permanent Mailing Address:	
Street	City State Zip
Parent Email Address	
Student Email Address	
(program updates will be sent to email addresses provided)	
Father's/Guardian's Name	
Telephone: Day () Evening (_) Cell ()
Mother's/Guardian's Name	
Telephone: Day () Evening (_) Cell ()
Emergency Notification (other than Mother or Father)	
Name	Relationship
Telephone: Day () Evening (_) Cell ()

Free Summer Program 2021 T-shirt for fully registered students registering BEFORE May 18, 2020 \$20 new student registration fee is due with Registration Form \$100 non-refundable tuition deposit with registration \$300 non-refundable housing deposit due within 30 days of registration. 50% tuition balance is due May 18, 2021 The balance due must be post marked by June 8, 2021. ____ Check/money order enclosed Please invoice me. Please bill my credit card (Visa, MasterCard, Discover and American Express accepted) Amount to be charged now? Automatically charge balance due on June 7, 2021? -- Yes or No Expiration Date _____/___ Authorized Signature for Credit Card: THIS APPLICATION MUST BE SIGNED FOR ADMISSION INTO KENTUCKY BALLET THEATRE'S 2021 SUMMER INTENSIVE PROGRAM I have read the Kentucky Ballet Theatre Summer Intensive Information packet thoroughly and I understand the policies as outlined therein. I certify that I am in good health and capable of participating in all Summer Intensive activities and classes. I fully understand that the use of illegal substances, in any form, will result in immediate dismissal with no tuition refund. Kentucky Ballet Theatre has my permission to use any film or still photography taken of me for promotional purposes for the Kentucky Ballet Theatre Company and/or Kentucky Ballet Theatre Academy. Student's Signature _____ Date ____ Parent or Guardian (if student under 18) ______ Date _____ RETURN ALL PAPERWORK TO: Kentucky Ballet Theatre ♦ 740 National Ave. Suite 170 ♦ Lexington, KY ♦ 40502 Tel: 859-252-5245 Fax: 859-252-7925 EMAIL: admin@kyballet.com FOR OFFICE USE ONLY:

RF TD HD

TB _____ HB ____

SRF _____ PR ____

FAA _____ HF ____ Level ____