TEENS@GRAHAM

2017 Pre-Teen Summer Intensive
Registration Form
July 10 - 21, 2017

Student Information		
Name:	DOB*:	Age:
Address:		
City:	State/ZIP:	Country:
Email:	Phone:	

*Dancers must be entering grades 5 - 7 as of the 2017-2018 school year in order to enroll in the Teen Summer Intensive.

Parent/Legal Guardian Contact Information	
Parent/LG #1 Name:	
Phone:	Email:
Parent/LG #2 Name:	
Phone:	Email:

Tuition and fees are non-refundable and non-transferable.
Email your completed registration form to youngartists@marthagraham.org or mail to:
Martha Graham School • Pre-Teen Summer Intensive • 55 Bethune Street • New York, NY • 10014.

Pre-Teen Summer Intensive
Daily Schedule

10:30am	12:45-1:30
Check-in	Lunch Break
10:40-11:40	1:30-2:30
Ballet	Composition
11:45-12:45	2:35-3:35
Graham Technique	Contemporary

*All classes held at 316 East 63rd Street

Please indicate the dates you plan to attend and the associated pricing plan

☐ Week 1: Jul 10 - 14   ☐ 1 Week: $450

☐ Week 2: Jul 17 - 21   ☐ 2 Weeks: $800

Total: _____

Private Coaching/Monday-Friday (3:45pm - 6:00pm)
One-on-one coaching offered as 45- or 90-min sessions

<u>Graham Technique</u>

         ☐ ___ (number of 45min sessions) x $100 =   _____

         ☐ ___ (number of 90min sessions) x $120 =   _____

<u>Ballet</u>

         ☐ ___ (number of 45min sessions) x $100 =   _____

         ☐ ___ (number of 90min sessions) x $120 =   _____

<u>Audition Solo Rehearsal</u>

         ☐ ___ (number of 45min sessions) x $100 =   _____

         ☐ ___ (number of 90min sessions) x $120 =   _____

<u>Audition Solo Package</u>
Includes solo creation and two (2) 90min rehearsal sessions   ☐ $450

         Total: _____

Registration Fee (Required):   __ $25 __

Grand Total (Add all items above):   _____

Payment Information

_____ Amount Enclosed (Minimum $100 deposit required to hold place. Remaining balace due Jul 5, 2017)

Check #: _____ (Payable to *Martha Graham School, Inc.*)

Credit Card: ___ Visa ___ Mastercard ___ American Express ___ Discover

Card #: _____ Exp. Date: _____ CCV2#: _____

Name on Card: _____

Signature of Cardholder: _____

Waiver of Liability: *I hereby agree that I will not hold the Martha Graham School or any member of the faculty or staff liable for injuries sustained or illess of any kind contracted by me while a student at the Martha Graham School.*

_____   _____
Student Signature   *Date*

_____   _____
Parent Signature   *Date*