

Intensive Graham Teacher Workshop

June 26 - 30, 2017

MARTHA GRAHAM

SCHOOL

REGISTRATION FORM

Registrant Information					
Name				Date	
Address					
City		State		Zip	
Emergency Contact Name			EC Phone		

Registrant Experience
Briefly describe your Graham background (include # years teaching Graham Technique):
School where you teach: _____
Select school type: <input type="checkbox"/> Dance Studio <input type="checkbox"/> Professional School <input type="checkbox"/> Public School <input type="checkbox"/> College/University <input type="checkbox"/> Other (please specify): _____
Student population: <input type="checkbox"/> Teens <input type="checkbox"/> Adults (18+) <input type="checkbox"/> Pre-professionals <input type="checkbox"/> Professional Dancers <input type="checkbox"/> Other (please specify): _____

Schedule				
Monday, Jun 26	Tuesday, Jun 27	Wednesday, Jun 28	Thursday, Jun 29	Friday, Jun 30
5:00 - 7:00 Studio 3	5:00 - 8:00 Studio 3	6:00 - 8:00 Studio 3	5:00 - 8:00 Studio 3	5:00 - 8:00 Studio 3

FEE: \$400 - includes class observations (optional but recommended) from Jun 26th-30th and end of workshop reception.

PAYMENT (Tuition is **Non-refundable and Non-transferable**)

Amount Enclosed: \$_____ (Minimum \$100 deposit required to hold place; balance due Jun 26, 2017)

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

Credit Card (select one): 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 illness of any kind contracted by me while a student at the Martha Graham School.

_____ Registrant Signature	_____ Date
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Email your completed registration form to Shelby Leshine at sleshine@marthagraham.org.