

CECCHETTI USA RESIDENTIAL SUMMER COURSE 2016

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION

TEACHER
 DANCER
 CHAPERONE
 GUEST

NAME _____ DANCER AGE _____ DOB _____ M F

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ COUNTRY _____

HOME PHONE (_____) _____ CELL PHONE (_____) _____

E-MAIL _____ Please include a photo copy of both the front and back of the insurance card for this applicant.

STUDENT COURSE APPLICATION

SPONSORING TEACHER'S SIGNATURE:

LAST CECCHETTI EXAM PASSED _____

LEVEL AT WHICH YOU WISH TO WORK:

GRADE 4 5 6 7
 8 9 10 DIPLOMA

APPLICANT MUST BE A MINIMUM OF 11 YEARS OF AGE, WITH A MINIMUM OF 3 YEARS BALLET TRAINING

TEACHER COURSE APPLICATION

SPONSORING TEACHER'S NAME:

LEVEL AT WHICH YOU WISH TO WORK:

TEACHER'S CERTIFICATE Grades 1-3
 TEACHER'S CERTIFICATE Grades 4-6
 ASSOCIATE Grades 8-9
 LICENTIATE Grades 9-10
 FELLOW Grades 10-Diploma

✓ Fees that apply	FEES	
	NON-REFUNDABLE REGISTRATION FEE Due May 1st for all students, and guests	\$150.00
	Residential Tuition: (Before May 1st) Includes all classes for the week, all evening lectures/activities and a Welcome Banquet ticket	\$725.00
	Non Residential Tuition: (Before May 1st) Includes all classes for the week, all evening lectures/activities, a Welcome Banquet ticket and daily lunch in the dining commons	\$785.00
	ROOM & MEALS (Per person, double occupancy) Includes room, and all meals for the week	\$415.00
	SINGLE DAY TUITION (\$150) Includes tuition for a single day and an evening lecture/activity if scheduled on that day	# _____ X \$150 = \$ _____
	ADDITIONAL WELCOME BANQUET TICKETS (\$30 each) Included in tuition for all Residential & Non-Residential full course students. Available here for Single Day Non-Residential students, family members and guests wishing to attend the Welcome Banquet	# _____ X \$30 = \$ _____
	AFTER MAY 1st ALL PARTICIPANS MUST ADD \$100.00 TO THE TUITION FEE LISTED ABOVE	\$ _____
	FREE TUITION FOR TEACHERS ENROLLING 10+ STUDENTS. All registrations must be received together. If you are a teacher and have enrolled 10+ students, deduct \$725 here:	- \$ _____
	TOTAL AMOUNT DUE	\$ _____

TOTAL BALANCE IS DUE JUNE 1, 2016

Insurance card copy enclosed, both front & back

BILL VIA PAYPAL (Choose this to use a credit card)

Go to: www.cecchettiusa.org or contact Registrar, Jennifer Forcucci-Marzluf to receive a PayPal invoice: missjennifer@cfdance.net

AMOUNT TO BE BILLED: \$ _____

Please provide the e-mail address where you would like the PayPal invoice sent: PRINT CLEARLY

PLEASE COMPLETE BOTH SIDES/PAGES OF THIS APPLICATION

PAID BY: CHECK #: _____

CHECKS MUST BE MADE PAYABLE TO:

CECCHETTI USA

MAILED TO: JENNIFER FORCUCCI-MARZLUF

4206 West Ash Ave., Fullerton, CA 92833

E-MAIL: missjennifer@cfdance.net

PHONE: 714-595-4539

TERMS AND CONDITIONS

- Cecchetti USA reserves the right to alter the advertised program and faculty as necessary.
- Cancellations must be confirmed in writing as soon as possible. A refund minus 20% will be given for cancellations received before July 5, 2016. NO refund will be given for cancellations received after July 5, 2016. If a cancellation is the result of a medical condition, however, and a doctor's certificate is provided, a refund minus 20% will be given.
- Cecchetti USA shall have the right to use the name, photograph, video or other likeness of all participants and to exhibit the same through any medium whatsoever for advertising, promotional or commercial purposes. All such reproductions shall be the exclusive property of Cecchetti USA.
- Cecchetti USA reserves the right to exclude or refuse any person at any time prior to or during the program if that person is incompatible with the general enjoyment and well being of the event. In this instance, no refund will be given.
- The undersigned certifies that she/he is the parent and/or legal guardian of the minor child designated below and grants permission for said minor child to participate in the Cecchetti USA Residential Summer Course at the facilities of the University of California, Santa Barbara.
- Further, the undersigned for self and/or minor child, agrees to hold harmless Cecchetti USA, and the University of California, Santa Barbara for any injuries or illness that may result from said participation or transportation associated herewith.
- The undersigned further authorizes a representative of the Cecchetti USA Residential Summer Course to obtain any medical treatment they deem necessary for self and/or minor child.

PRINT NAME: _____

Signature of parent or guardian (if under 18) date

Signature of adult attending course date

Medical Insurance company Policy / Group Number

Please indicate any allergies, injuries, medical problems or special needs: _____

PRINT Emergency Contacts:

Name _____ Phone (_____) Relationship _____

Name _____ Phone (_____) Relationship _____

Please include a photocopy of both the front and back of the insurance card for this applicant.

ROOMMATE REQUEST (NOT GUARANTEED): _____

**ALL PARTICIPANTS ENROLLED FOR THE FULL WEEK RECEIVE A FREE T-SHIRT!
INDICATE SIZE HERE: (Please check just one)**

YOUTH STANDARD T-SHIRT SIZING:

- MEDIUM (6-8)
- LARGE (10-12)
- X-LARGE (14-16)

MEN'S/WOMEN'S STANDARD T-SHIRT SIZING:

- SMALL X-LARGE
- MEDIUM 2X-Large
- LARGE