

CECCHETTI USA STUDENT WORKSHOP AND TEACHERS' QUALIFYING COURSE

HOST SCHOOL: _____

NAME _____	AGE _____	BIRTHDATE _____
ADDRESS _____	CITY _____	
STATE _____	ZIP CODE _____	COUNTRY _____
HOME PHONE (_____) _____	CELL PHONE (_____) _____	
E-MAIL _____		
<input type="checkbox"/> TEACHER	<input type="checkbox"/> STUDENT	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
CUSA MEMBER OR BALLET SCHOLAR? <input type="checkbox"/> NO <input type="checkbox"/> YES		MEMBERSHIP #: _____
(please present membership card at check in)		

STUDENT WORKSHOP

DANCE SCHOOL: _____ LAST CECCHETTI EXAM PASSED: _____

NUMBER OF CLASSES THIS STUDENT WILL TAKE AT THIS WORKSHOP: _____ PLEASE LIST CLASSES BELOW:

- 1) _____ 2) _____ 3) _____
4) _____ 5) _____ 6) _____

Non-Member Fees: 1 class: \$20 2 classes: \$35 3 classes: \$50 4 classes: \$60
Member Fees*: 1 class: \$15 2 classes: \$25 3 classes: \$35 4 classes: \$45 Each Additional class: \$10 **TOTAL DUE: \$** _____

List additional classes on back

*Ballet Scholar or CUSA Certified Member

TEACHERS' QUALIFYING COURSE

DANCE SCHOOL: _____ LAST CECCHETTI EXAM PASSED: _____

LIST DAY(S) YOU PLAN TO ATTEND: _____

COST OF THIS TEACHER'S QUALIFYING COURSE: \$ _____

PHOTO/VIDEO RELEASE

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Parent/Legal Guardian Signature, if under 18

Date

OFFICE USE ONLY

PLEASE MAKE CHECKS PAYABLE TO: _____

studio name

CHECK# _____ PAYEE _____ DATE _____