

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 _____

TEACHER STUDENT MALE FEMALE

CUSA MEMBER OR BALLET SCHOLAR? NO 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) _____

List additional classes on back

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: \$** _____

*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

CUSA shall have the right to use the names, photographs, videos or other likeness of the student(s) listed above and to exhibit the same through any medium for advertising, promotional or commercial purpose. All such reproductions shall be the exclusive property of CUSA, without compensation to the performer, family members and/or agents. By signing below, I have read and understand this photo/video release and agree to the conditions thereof:

Parent/Legal Guardian Signature if under 18

Date

OFFICE USE ONLY

PLEASE MAKE CHECKS PAYABLE TO: **CECCHETTI USA**

CHECK# _____ PAYEE _____ DATE _____