

# CECCHETTI USA RESIDENTIAL SUMMER COURSE 2018

PLEASE COMPLETE BOTH PAGES

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:

\_\_\_\_\_

LAST CECCHETTI EXAM PASSED \_\_\_\_\_

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	\$100.00
	Residential Tuition: (Before May 1st) Includes all classes for the week, all evening lectures/ activities and daily meals in the dining commons	\$725.00
	Non Residential Tuition: (Before May 1st) Includes all classes for the week, all evening lectures/ activities and daily lunch in the dining commons	\$785.00
	ROOM & MEALS (Per person, double occupancy) Includes room, and all meals for the week	\$475.00
	SINGLE DAY TUITION (\$150) Includes tuition for a single day and an evening lecture/activity if scheduled on that day	# _____ X \$150 = \$ _____
	<b>AFTER MAY 1st ALL PARTICIPANS MUST ADD \$100.00 TO THE TUITION FEE LISTED ABOVE</b>	\$ _____
	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:	- \$ _____
	<b>TOTAL AMOUNT DUE</b>	<b>\$ _____</b>
<b>TOTAL BALANCE IS DUE JUNE 1, 2018</b>		

Insurance card copy enclosed, both front & back

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

Go to: [www.cecchettiusa.org](http://www.cecchettiusa.org) or contact Registrar, Jennifer Forcucci-Marzluf to receive a PayPal invoice: [missjennifer@cfdance.net](mailto: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: AMY SHIVAR

48 Driftwood Avenue, Elgin, SC 29045

E-MAIL: [1dancer4him@gmail.com](mailto:1dancer4him@gmail.com)

PHONE: 803 427-0680

**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 of 80% will be given for cancellations received before July 5, 2018. NO refund will be given for cancellations received after July 5, 2018. If a cancellation is the result of a medical condition, and a doctor's certificate is provided, a refund of 80% 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 Maryland, College Park.
- Further, the undersigned for self and/or minor child, agrees to hold harmless Cecchetti USA, and the University of Maryland, College Park 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