

MARTHA GRAHAM SCHOOL OF CONTEMPORARY DANCE
2010 SIX-WEEK SUMMER INTENSIVE
REGISTRATION FORM



Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Country: _____
E-mail: _____ Phone: _____
Emergency Contact Name: _____ Emergency Contact Phone: _____

WEEKS OF ENROLLMENT:

June 28-July 02 July 5-9 July 12-16 July 19-23 July 26-30 Aug 2-6

GRAHAM TECHNIQUE:

<input type="checkbox"/> Elementary (M-F 1:00-3:00)	<input type="checkbox"/> 1 Week (\$185)	_____
<input type="checkbox"/> Intermediate (M-F 9:00-11:00)	<input type="checkbox"/> 2 Weeks (\$260)	_____
<input type="checkbox"/> Advanced (M-F 11:00-1:00)	<input type="checkbox"/> 3 Weeks (\$385)	_____
	<input type="checkbox"/> 4 Weeks (\$510)	_____
	<input type="checkbox"/> 5 Weeks (\$635)	_____
	<input type="checkbox"/> 6 Weeks (\$760)	_____

REPERTORY WORKSHOP(S):

Session 1: June 28-July 16 Session 2: July 19-August

<input type="checkbox"/> Elementary (M,T,Th 4:30-6:00)	<input type="checkbox"/> Session 1 (\$330)	_____
<input type="checkbox"/> Int./Adv. (T,Th 3:00-4:30, W 4:30-6:00)	<input type="checkbox"/> Session 2 (\$330)	_____
<input type="checkbox"/> Partnering (M,T,Th 4:30-6:00)	<input type="checkbox"/> 06/28-07/16 (\$330)	_____
<input type="checkbox"/> Men's (M,T,Th 4:30-6:00)	<input type="checkbox"/> 07/19-08/6 (\$330)	_____

COMPOSITION:

<input type="checkbox"/> Beginner (T,Th 3:00-4:30, W 4:30-6:00)	<input type="checkbox"/> 6 Weeks (\$660)	_____
<input type="checkbox"/> Advanced (M,W 3:00-4:30, F 2:30-4:00)		

BALLET TECHNIQUE:

<input type="checkbox"/> Beginner/Int. (M 3:00-4:30)	<input type="checkbox"/> 1 day (\$16 per week)	_____
<input type="checkbox"/> Int./Advanced (W 1:15-2:45)	<input type="checkbox"/> 2 days (\$32 per week)	_____

GYROKINESIS®

JUNE 28- JULY 16

Tuesday and Thursday (1:15-2:45) \$32 per week _____

PILATES

JULY 19-AUGUST 6

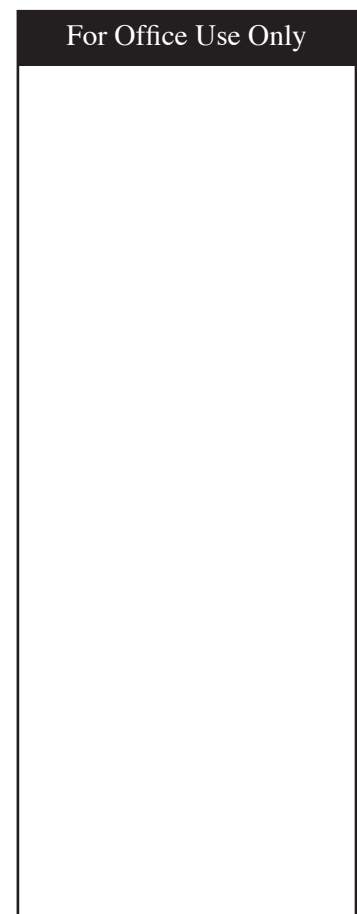
Tuesday and Thursday (1:15- 2:45) \$32 per week _____

LECTURE SERIES

<input type="checkbox"/> July 9 with Dudley Williams 4:15pm	<input type="checkbox"/> 1 Lecture (\$20)	_____
<input type="checkbox"/> July 23 with Jacquelyn Buglisi 4:15pm	<input type="checkbox"/> 2 Lectures (\$40)	_____

INTENSIVE REGISTRATION FEE (Required for all students) **\$50**

TOTAL DUE _____



PAYMENT

Amount Enclosed \$ _____ **Minimum \$100 Deposit to hold space ♦ Balance Due Upon Arrival**

Check# _____ (payable to Martha Graham School, Inc.) Credit Card: Visa MasterCard American Express

Card # _____ Exp. Date _____ Billing Zip Code _____

Signature _____ **TUITION IS NON-REFUNDABLE AND NON-TRANSFERABLE**

Waiver of Liability

I hereby agree that I will not hold the Martha Graham School of Contemporary Dance, Inc., members of the faculty, or any employees liable for injuries or illness of any kind contracted by me while a student of the Martha Graham School.

Sign Here: _____