



FORM #1: REGISTRATION FORM

Student Information:

Registration date (Month) ____ / (Day) ____ / (Year) ____

First Name: _____ Last Name: _____

Date of Birth: ____ / ____ / ____ Age: _____ Gender: _____

Address: _____

Cell Phone: (____) _____ - _____ Home Phone: (____) _____ - _____

Email: _____

High School: _____ Grade: _____

Dance School: _____

Dance School Director: _____

Years of Dance Training: _____

Level: Intermediate _____ Advanced: _____

Country of Residence: _____ Nationality: _____

Visa Type: _____ Visa Expiration Date: _____

Passport Number: _____ Passport Expiration Date: _____

Language Spoken: _____

Number of weeks you will participate in the intensive camp: _____

1 week: (U\$400) _____ 2 weeks: (U\$750) _____ 3 weeks: (U\$1,100) _____

Please Check the Weeks You'll Participate: July 24th - 30th: ____ July 31st - August 6th: ____ August 7th - 13th: ____

Please Check the Hotel Type of Your Choosing Below:

Summer Intensive Hotel Partner ____ Other Hotel in Miami ____

Parent or Guardian Contact Information:

First Name: _____ Last Name: _____
Occupation: _____ Place of Employment: _____
Cell Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____
Email: _____
Relationship to Student _____

First Name: _____ Last Name: _____
Occupation: _____ Place of Employment: _____
Cell Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____
Email: _____
Relationship to Student _____

Emergency Contact Information:

First Name: _____ Last Name: _____
Cell Phone: (_____) _____ - _____
Work Phone: (_____) _____ - _____
Email: _____
Relationship to Student _____

4. Accompanying Adult Contact Information: (If none, please leave space blank)

First Name: _____	Last Name: _____
Date of Birth: ____/____/____	Age: _____
Address: _____	
Cell Phone: (____) _____ - _____	Home Phone: (____) _____ - _____
Email: _____	
Parent/Guardian Permission Slip (Signed & Notarized) Yes___ No___	
Country of Residence: _____	Nationality: _____
Visa Type: _____	Visa Expiration Date: _____
Passport Number: _____	Passport Expiration Date: _____
Language Spoken: _____	

Your spot in the International Intensive Summer Camp is reserved by paying the total value of the weeks that you are going to participate or by paying 50% of that rate upfront. To reserve and pay, please request an electronic invoice to our email (internationalballetfestival@gmail.com).

Deadline to reserve space: May 30th, 2022. Please note that spaces are limited.

If for any reason the student cannot attend and must withdraw there will be an 80% refund. We must be notified by July 1, 2023.

There will be no refunds provided for missed classes once the program starts. By filling out this form you assume responsibility to pay in full by July 5th, 2023.

****To this form, please attach a photo of the student in First Arabesque and one Headshot****