



APPLICATION
Ballet Guild of Ithaca
2009 Summer Day Camp

Child's name _____ Age _____

Parent's name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work phone _____

Email address (print clearly) _____

Notify in case of emergency _____

Phone _____ Relationship _____

Previous dance experience: teacher, school

Type of dance training (circle):

Ballet Jazz Modern Pointes Other: _____

Length of training: _____ years Number of classes per week: _____

Which session will your child attend (circle):

Full 6 week session (June 29-August 7) \$750.00

6 week ½ day session (Ages 16 up) (June 29-August 7) \$600.00

1st 3 week session (June 29 – July 17) \$450.00

2nd 3 week session (July 20 –August 7) \$450.00

Parent signature: _____

Deposit due by May 15, 2009: \$100
Late fee after May 15, 2009: \$25

**Mail to:
Ithaca Ballet
105 Sheldon Rd.
Ithaca, NY 14850**

Balance of tuition due June15!