



SUMMER INTENSIVE

JULY 24 - JULY 27, JULY 31 - AUGUST 3, 2017

Contact us at

robin@thehargestacademy.com or 615-486-HAPA (4272) with questions. Registration is also accepted on our website, through the MindBody app, or download and mail a registration form with a deposit.

THE HARGEST ACADEMY OF PERFORMING ARTS

216 NOAH DR. SUITE 110
FRANKLIN, TN 37064
615.486.HAPA (4272)

WWW.THEHARGESTACADEMY.COM

Ballet Intensive

\$40 for each day
\$150 for all four days

Dance Intensive

\$40 for each day
\$150 for all four days

Combo Ballet & Dance Intensive (All Day)

\$65 for each day
\$240 for all four days

Pick the days and times you would like to attend or choose all four days for a discounted rate.

Ballet	7/24	___	7/25	___	7/26	___	7/27	___	7/31	___	8/1	___	8/2	___	8/3	___
Dance	7/24	___	7/25	___	7/26	___	7/27	___	7/31	___	8/1	___	8/2	___	8/3	___
Combined	7/24	___	7/25	___	7/26	___	7/27	___	7/31	___	8/1	___	8/2	___	8/3	___

Amount of deposit paid: _____

Amount due at 1st class: _____

PLEASE FILL OUT THE INFORMATION ON BACK AND RETURN WITH A CHECK FOR 1/2 OF THE TUITION.

You must send a deposit of 1/2 the tuition due to guarantee a spot.

The deposit is non-refundable, due to limited space.

BALANCE WILL BE DUE BEFORE THE FIRST CLASS BEGINS.

Child's Name: _____ Age: _____ DOB: _____

Parent's Name: _____

Cell Phone: _____

Address: _____

Email: _____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone: _____

Allergies: _____

I hereby assume full and complete responsibility for any injury or accident which my child may suffer while attending and/or participating in any activity with The Hargest Academy of Performing Arts. I hereby fully release, indemnify and hold harmless The Hargest Academy of Performing Arts and its employees from/and against any and all liability, loss or damages which may arise from any injury or accident suffered by me or my child while attending and/or participating in dance. I understand that I am not required by The Hargest Academy of Performing Arts to participate and any injury sustained should be submitted to my own personal insurance. I am giving my permission to allow photos or videos be taken and/or published of my child with no fee expected.

Signature

Date