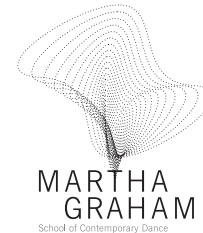


MARTHA GRAHAM SCHOOL OF CONTEMPORARY DANCE
2013 THREE-WEEK WINTER INTENSIVE REGISTRATION FORM



Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Postal Code

E-mail: _____ Phone: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

PRINT CLEARLY

WEEKS OF ENROLLMENT:

- Week 1 (January 2-5) Week 2 (January 7-11) Week 3 (January 14-18)
(W-S Tech Classes for Week 1 are 2.5 hours)

GRAHAM TECHNIQUE:

- | | |
|---|--|
| <input type="checkbox"/> Level 1
WEEK 1: W-S 9:00-11:30 WEEK 2&3: M-F 9:00-11:00 | <input type="checkbox"/> 1 Week (\$195) _____ |
| <input type="checkbox"/> Level 2
WEEK 1 W-S 11:30-2:00 WEEK 2&3: M-F 11:00-1:00 | <input type="checkbox"/> 2 Weeks (\$270) _____ |
| <input type="checkbox"/> Level 3
WEEK 1: W-S 2:00-4:30 WEEK 2&3: M-F 1:00-3:00 | <input type="checkbox"/> 3 Weeks (\$395) _____ |
| <input type="checkbox"/> Level 4
WEEK 1: W-S 9:30-12:00 WEEK 2&3: M-F 10:00-12:00 | |

REPERTORY WORKSHOP(S):

- | | |
|--|--|
| <input type="checkbox"/> Beginner/Intermediate
WEEK 1: W, Th, F 4:30-6:00 WEEK 2&3: M, W, Th 3:00-4:30 | <input type="checkbox"/> \$350 _____ |
| <input type="checkbox"/> Advanced
WEEK 1: W, Th, F 4:30-6:00 WEEK 2&3: M, T, W 3:00-4:30 | <input type="checkbox"/> \$350 _____ |
| <input type="checkbox"/> Men's Repertory
WEEK 1: W 6:00-7:30; Th, S 4:30-6:00
WEEK 2&3: T, F, 3:00-4:30; W 4:30-6:00 | <input type="checkbox"/> \$350 _____ |
| <input type="checkbox"/> Composition
WEEK 1: Th, F, S 6:00-7:30 WEEK 2&3: M, T, Th 4:30-6:00 | <input type="checkbox"/> \$350 _____ |
| <input type="checkbox"/> Ballet Technique:
WEEK 1 W, F 2:15-3:45 WEEK 2&3: T, Th 1:15-2:45 | <input type="checkbox"/> \$17/class _____
<input type="checkbox"/> \$34 for 2 classes _____ |
| <input type="checkbox"/> Open Classes Mixed Level
WEEK 2&3 (only): M, T 6:30-8:00 | <input type="checkbox"/> \$17/class _____
<input type="checkbox"/> \$34 for 2 classes _____ |
| <input type="checkbox"/> Martha Graham Dance Company Performance
Friday, January 11th 5:30-6:30 | <input type="checkbox"/> \$15 _____ |

INTENSIVE REGISTRATION FEE

\$50

TOTAL DUE

For Office Use Only

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 _____ CVV 2 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: _____