Absolute Beginner Ballet

8 Week Sessions, Tuesdays 6:45-7:45pm

Fall session: August 14 – October 2 Spring session: February 26 – April 16

BRT offers eight-week sessions of **Absolute Beginner Ballet** classes that provide interested adults with a fun and informative introduction to proper technique. This program is developed for beginning adult dancers with no previous experience or the student who wants to refine their technique at a basic level and focuses on the basic movements and foundations of ballet technique. If you have never studied ballet but always wanted to, this is the class for you.

Tuition: \$120.00

\$30 non-refundable per session deposit is due with the application to reserve your place in class and is applied towards tuition. Reservation is required 1 week prior to the start of each session. Full tuition for the workshop is due by the first day of each session.

BRT reserves the right to cancel any class that does not have four or more paying students.

Name:		_ Age:	Date of Birth:
Name of Parent or C	Guardian:		
E-mail:			
Address:			
City:		State:	Zip:
Phone (Home):	(Work):		(Cell):
Person to notify in c	ase of emergency		
	August 14 – October 2 February 26 – April 16		
Total Due: \$	Total Enclosed: \$		Balance Due: \$
listed above (Student's Na- use these images for commendate of Liabsel I understand that participate may give rise to personal in therefrom. I release and how have against BRT, its office the event of an accident, in obtaining appropriate accidents	me) taken while dancing for Ballet Reperencial and non-commercial use. Initial to the lility/Authorization in dance classes, rehearsals, and perfujury. I do hereby voluntarily participate ld harmless Ballet Repertory Theatre of ers, directors, members, and/or persons of cluding but not limited to bodily injury, then, health, and hospitalization insurance.	rtory Theatre of Nev o opt out	cling to and from these activities, with or without supervision the that knowledge and I agree to accept all risks arising my and all actions, damages, claims, or demands that I may d by the company from all liabilities, known or unknown, in d loss or damage to property. I accept responsibility for at in the event of personal injury. In the event of an injury of
On the ab	ove line, please list any disabilities, thave read all the above and the acc	restrictions, or illn companying payr	
Guardian's Si	gnature (if under 18 years of age)	Stude	nt's Signature