



BALLET REPERTORY THEATRE of New Mexico

6913 Natalie NE, Albuquerque, NM 87110 ~ www.brtnm.com ~ 505.888.1054

BALLET BOOT CAMP

12:30 – 4:30 pm Daily, **June 16th – 20th** & **July 14th – 18th**

Specially designed for the serious 9–14-year-old up and coming dancer,
level of training equivalent to BRT's B levels.

Each week will conclude with a short studio performance on Friday at 4:30pm

Daily Class Schedule

12:30 – 1:45pm Ballet Technique

1:50 – 2:20 pm Stretch and Strength with pre-pointe

2:25 – 3:25 pm Modern

3:30 – 4:30 pm Variations

Dancers are encouraged to bring their own snacks for the 5-minute break between classes.

Attire

Dancers identifying as female: Any black solid leotard, pink footed convertible tights, and pink leather or canvas ballet shoes.

Dancers identifying as male and dancers identifying as non-binary: White form fitting t-shirt (tucked in) with black leggings with black socks or black tights, and black ballet shoes.

All Dancers will wear solid black leggings over their ballet uniform with bare feet for Modern.

BRT reserves the right to cancel any session that does not have five or more full-paying students.

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E-mail brt@brtnm.com

Or

Mail this form and your payment to:

Ballet Repertory Theatre

6913 Natalie NE, Albuquerque, NM 87110

Name: _____ Age: _____ Date of Birth: _____

Name of Parent or Guardian: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (primary): _____ (secondary if applicable): _____

Person (name and #) to notify in case of emergency _____

Injury / Waiver of Liability / Authorization:

I understand that participation in dance classes, rehearsals, and performances, and traveling to and from these activities, with or without supervision, may give rise to personal injury. I do hereby voluntarily participate in said activities with that knowledge and agree to accept all risks arising therefrom. I do hereby release and hold harmless BRT from any and all actions, damages, claims, or demands that I may have against BRT, its officers, directors, members, and/or persons employed or engaged by the company from all liabilities known or unknown in the event of an accident, including but not limited to bodily injury, personal injuries, and loss or damage to property. I accept responsibility for obtaining appropriate accident, health, and hospitalization insurance to cover the student in the event of personal injury. In the event of an injury or other medical emergency, I authorize BRT to seek medical assistance and agree to be responsible for medical expenses incurred on behalf of the student.

Guardian's Signature: _____ Date: _____

Session attending: ☐ June 16 – 20, 2025 ☐ July 14 – 18, 2025

Tuition per session: \$240.00

\$40 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.

_____ Initial here to have your credit card on file charged for your tuition.