

Payment Information

How do you want to pay your processing fee (\$50) and the deposit (\$300)?

Bank Check, Personal Check, Money Order*, or Cash**

* **All checks and money orders must be made out to "Peridance." Include applicant full name in the memorandum.**

** Do not mail cash. Cash option for applicants that wish to pay in person while in the United States at the time of application

Credit Card (Peridance accepts the following major credit cards. Circle one)

Visa / MasterCard / Discover / American Express Number _____ - _____ - _____ - _____

Exp. Date (MM/YY) _____ Security Code _____ Name on Card _____

Authorization Signature _____ Total Amount Charged \$ _____ USD

***Must include a 3% transaction fee for all credit card transactions over \$1,000.00 USD**

Wire Transfer

Total Amount Being Wired + \$15.00 wire transfer fee \$ _____ USD

Account Name: Peridance Center LLC

Account No: 4984525413

Bank Name: Citibank, N.A.

Swift Code: CITI US 33

Bank Address: 52 East 14th Street, New York, NY 10003-4140 USA

Routing No: 0210-0008-9

***Applicant name must be included in the memorandum for all wire transfers, or may be subject to delays.**

Tuition due date

- Students must pay 1/2 of their tuition no later than 6 weeks prior to their program start date.

- Tuition must be paid in full for the semester by their program start date.

Refund Policy

I _____ who states upon my oath consent to the following refund policy:
Participant's Name

1. No refund will be given for participant's choosing to withdraw from the program after the start-date for moneys paid.
2. Should a participant choose to withdraw after the start-date, a credit will be added to the account to be used for classes in the Open Class Schedule for up to twelve (12) months from the withdrawal date.
3. The processing fee of \$50.00 and the deposit of \$300 are non-refundable.
4. In the case a refund is due, a payment will be made by check ONLY and will be addressed to the original party that made the initial payment minus ten percent (10%) processing fee and other fees accrued (shipping, credit card etc.)

Participant's Name(Please PRINT)

Signature

Date

Parent/Legal Guardian (if Participant is under 18 years of age)

Signature

Date

Questionnaire

- Student's Full Name: _____
First Name, Last Name
- How did you hear about Intensive Semester?
- What is your level of training?
 None Beginner Intermediate Advanced Professional
- Which discipline will you be focusing on? (Please choose ONE)
 Ballet/Contemporary Modern/Contemporary Commercial/Urban Jazz/Tap Other
- Do you currently study dance? Yes No
If yes, where?
- Please list your previous dance training and performance experiences: (include length)
- Will you be pursuing a professional career in dance? Yes No
- If no, what are you plans for a future career?

Liability Waiver and Media Release

Please carefully read the Liability Waiver and Media release below and sign. If you are under 18, your parent or legal guardian must sign as well.

Liability Waiver

I am participating in Peridance's Intensive Semester and understand that dance training comes with a risk of injury. I also understand I cannot hold Peridance Capezio Center or any member of its staff liable for any injuries that may occur as a direct result of participating in dance classes, rehearsals, seminars, activities, etc.

Media Release

I hereby give my consent to Peridance Capezio Center to use my name and any form of dance- related media acquired during my study (video, photography, voice, etc.) for publication, advertising, marketing, promotional campaigns, etc. I understand that I will not be compensated by Peridance or a third party should Peridance decide to use these materials.

Participant's Name(Please PRINT)

Signature

Date

Parent/Legal Guardian (if Participant is under 18 years of age)

Signature

Date