INTENSIVE SEMESTER
AT PERIDANCE CAPEZIO CENTER

PERIDANCE CAPEZIO CENTER
New York's premiere dance center

Admission Application Package

Applicant Personal Information PROSPECTIVE STUDENTS

First Name _____ Last Name _____

Mobile Phone _____ Email _____

Current Address _____
Street Apartment/Unit Town/City

_____
Province/State/Region Country Postal Code

Citizenship _____ Country of Birth _____

Gender ☐ Male ☐ Female Date of Birth (MM/DD/YYYY) _____

How did you hear about the program (if 'friend' put his/her name) :

_____

Emergency Contact Name _____

Mobile Phone _____ Email _____

Relationship to Applicant _____ Citizenship _____

Which course are you applying for?

✓	Semester	Application Deadline (Domestic Students)	Start Date	End Date	Vacation	Tuition
	Fall 2017	August 1st, 2017	September 1st, 2017	February 28th, 2018	2 week	$5,900
	Spring 2018	December 1st, 2017	January 2nd 2018	June 30th, 2018	2 week	$5,900

Application Materials

Please read the following application instructions thoroughly and submit all application materials with care.

☐ $50 Application Fee (Domestic Students)
☐ $350 Application Fee (International Students)
☐ Completed Registration Form
☐ Headshot
☐ Dance and work resume
☐ Short description (up to 500 words) of yourself and what you hope to achieve with your training and dance pursuits

All necessary documents must be submitted via e-mail to: intensivesemester@peridance.com

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Payment Information

Have you paid the application fee: $50 (Domestic) /$350 (International) online with Credit Card?

☐ Yes
☐ No (If no, please provide information below)

How do you want to pay your application fee ($50) and tuition ($5,900) ?

☐ 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.**

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 application fee of fifty dollars ($50.00) is non-refundable fee.
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

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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