

New Hampshire Academy of Performing Arts
2017-18 Adult Program Sessions

Student Name: _____ Birth Date: _____ Male or Female (circle)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

If new to the studio, how did you hear about us? _____

Session 1

___ Jazz	Wed. 6:30-7:30 pm	10/11, 10/18, 10/25, 11/1, 11/8	\$90*
___ Tap	Wed. 7:30-8 pm	10/11, 10/18, 10/25, 11/1, 11/8	\$50*
___ Sign Up For Both Classes and Save 5%			\$133*

Session 2

___ Jazz	Tues. 7:00-8:00 pm	1/9, 1/16, 1/23, 1/30, 2/6	\$90*
___ Tap	Tues. 8:00-8:30 pm	1/9, 1/16, 1/23, 1/30, 2/6	\$50*
___ Sign Up For Both Classes and Save 5%			\$133*

Session 3

___ Jazz	Tues. 7:00-8:00 pm	3/6, 3/13, 3/20, 3/27, 4/3	\$90*
___ Tap	Tues. 8:00-8:30 pm	3/6, 3/13, 3/20, 3/27, 4/3	\$50*
___ Sign Up For Both Classes and Save 5%			\$133*

****Price when paying with cash or check. Please add \$5.00 when paying with a credit or debit card.***

- Payments for program sessions are non-refundable (unless session cancelled by NHAPA)
- Class schedule/instructor subject to change. All classes require a minimum number of students and will be cancelled if minimum is not met.
- To pay by credit card, please complete the following information. Otherwise, please include a check to NHAPA for the full amount.

Credit Card Type (Circle one): MC VISA DISCOVER

Card# _____ Exp _____

Name on Card _____

Security Code _____ Zip Code _____ Total Charge: \$ _____

ADMISSION: I, the undersigned, release NHAPA, including instructors from any and all injuries which I may sustain while training, performing or during any activity. I also agree that I am responsible for health insurance and any medical cost due to injury. I give permission for emergency medical transportation and treatment, at my expense, if the need arises.

Signature: _____ Date: _____

Print Name: _____