

New Hampshire Academy of Performing Arts  
2017 Company Summer Programming/Audition Registration (SCDC, PG & JPG)

Name:		Birth Date:		Age (as of 6/1/17):	
Parent Name:					
Mailing Address:					
City:		State:		Zip:	
Email:			Cell Phone:		

*Please check the program option of your choice. All rehearsals are included in pricing.*

**\_\_\_ Full Program**

**Required Classes\*:**

Monday, June 19 – Friday, June 23, 4:00 – 7:00 pm ..... \$280.00

**Additional Classes:**

Thursdays, July 13, July 20, July 27 & August 3, 4:00 – 7:00 pm ..... \$220.00

**Auditions:**

Saturday, June 24, 9:00-10:30 am (ages 12-14) & 11:00 am-12:30 pm (ages 15-18) ..... \$40.00

**Total Due\*\*:** \$540.00

**\_\_\_ Sign up on or before April 15 and a receive 10% discount on classes**

Required Classes\* ..... \$280.00

Additional Classes ..... \$220.00

10% Discount ..... -\$50.00

Audition Fee ..... \$40.00

**Total Due\*\*:** \$490.00

**\_\_\_ Drop In Program**

Required Classes\* ..... \$280.00

Audition Fee ..... \$40.00

Sub-Total: \$320.00

*Please check which days you would like to attend. Drop in rate is \$60/day.*

*Reminder that classes held June 19-23 are mandatory.*

\_\_\_ July 13, 4-7 pm    \_\_\_ July 20, 4-7 pm    \_\_\_ July 27, 4-7 pm    \_\_\_ August 3, 4-7 pm

\_\_\_ Number of Days Selected x \$60.00 = \_\_\_\_\_ + \$320.00 (sub-total)    **Total Due\*\*:** \_\_\_\_\_

*\*Classes held June 19-23 are required to participate in the company program. To perform in a summer series show you must attend the first week (June 19-23) and the rehearsal for the specific show in question.*

*\*\*Tuition when paying with cash or check. Please add an additional \$5 for credit or debit payment.*

Class schedule/instructor subject to change. Payments for Summer Programs are non-refundable.

To pay by credit card, circle card type and then, please complete the following information. Otherwise, please include a check to NHAPA for total amount.

Credit Card Type (Circle one):    MC            VISA            DISCOVER

Card# \_\_\_\_\_ Exp. \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Zip Code \_\_\_\_\_

ADMISSION: I the undersigned, (Parent or Guardian of the above student) release NHAPA, including instructors from any and all injuries which student 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 also give permission for emergency medical transportation and treatment, at my expense, if the need arises.

Student Signature (18 and over): \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_