

New Hampshire Academy of Performing Arts
2016-17 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 4

___ Jazz	Tues. 7:00 – 8:00pm	3/7, 3/14, 3/21, 3/28, 4/4	\$90*
___ Intermediate Contemporary	Wed. 6:30 – 7:30 pm	3/15, 3/22, 3/29, 4/5, 4/12	\$90*

****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: _____

NH Academy of Performing Arts & Seacoast Civic Dance Company
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